

# **Arizona Department of Health Services**

## **Bureau of Emergency Medical Services**



### **STATUTES AND RULES JANUARY 01, 2015**

**Bureau of Emergency Medical Services  
1-800-200-8523  
[www.azdhs.gov/bems](http://www.azdhs.gov/bems)**

# Arizona Revised Statutes

## “A.R.S.”

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## Article 1 General Provisions

### **36-2201. Definitions**

In this chapter, unless the context otherwise requires:

1. **"Administrative medical direction"** means supervision of emergency medical care technicians by a base hospital medical director, administrative medical director or basic life support medical director. For the purposes of this paragraph, "administrative medical director" means a physician who is licensed pursuant to title 32, chapter 13 or 17 and who provides direction within the emergency medical services and trauma system.
2. **"Advanced emergency medical technician"** means a person who has been trained in an advanced emergency medical technician program certified by the director or in an equivalent training program and who is certified by the director to render services pursuant to section 36-2205.
3. **"Advanced life support"** means the level of assessment and care identified in the scope of practice approved by the director for the advanced emergency medical technician, emergency medical technician I-99 and paramedic.
4. **"Advanced life support base hospital"** means a health care institution that offers general medical and surgical services, that is certified by the director as an advanced life support base hospital and that is affiliated by written agreement with a licensed ambulance service, municipal rescue service, fire department, fire district or health services district for medical direction, evaluation and control of emergency medical care technicians.
5. **"Ambulance"** means any publicly or privately owned surface, water or air vehicle, including a helicopter, that contains a stretcher and necessary medical equipment and supplies pursuant to section 36-2202 and that is especially designed and constructed or modified and equipped to be used, maintained or operated primarily for the transportation of individuals who are sick, injured or wounded or who require medical monitoring or aid. Ambulance does not include a surface vehicle that is owned and operated by a private sole proprietor, partnership, private corporation or municipal corporation for the emergency transportation and in-transit care of its employees or a vehicle that is operated to accommodate an incapacitated or disabled person who does not require medical monitoring, care or treatment during transport and that is not advertised as having medical equipment and supplies or ambulance attendants.
6. **"Ambulance attendant"** means any of the following:
  - (a) An emergency medical technician, an advanced emergency medical technician, an emergency medical technician I-99 or a paramedic whose primary responsibility is the care of patients in an ambulance and who meets the standards and criteria adopted pursuant to section 36-2204.
  - (b) An emergency medical responder who is employed by an ambulance service operating under section 36-2202 and whose primary responsibility is the driving of an ambulance.
  - (c) A physician who is licensed pursuant to title 32, chapter 13 or 17.
  - (d) A professional nurse who is licensed pursuant to title 32, chapter 15 and who meets the state board of nursing criteria to care for patients in the prehospital care system.
  - (e) A professional nurse who is licensed pursuant to title 32, chapter 15 and whose primary responsibility is the care of patients in an ambulance during an interfacility transport.
7. **"Ambulance service"** means a person who owns and operates one or more ambulances.

8. **"Basic life support"** means the level of assessment and care identified in the scope of practice approved by the director for the emergency medical responder and emergency medical technician.
9. **"Bureau"** means the bureau of emergency medical services and trauma system in the department.
10. **"Centralized medical direction communications center"** means a facility that is housed within a hospital, medical center or trauma center or a freestanding communication center that meets the following criteria:
  - (a) Has the ability to communicate with ambulance services and emergency medical services providers rendering patient care outside of the hospital setting via radio and telephone.
  - (b) Is staffed twenty-four hours a day seven days a week by at least a physician licensed pursuant to title 32, chapter 13 or 17.
11. **"Certificate of necessity"** means a certificate that is issued to an ambulance service by the department and that describes the following:
  - (a) Service area.
  - (b) Level of service.
  - (c) Type of service.
  - (d) Hours of operation.
  - (e) Effective date.
  - (f) Expiration date.
  - (g) Legal name and address of the ambulance service.
  - (h) Any limiting or special provisions the director prescribes.
12. **"Council"** means the emergency medical services council.
13. **"Department"** means the department of health services.
14. **"Director"** means the director of the department of health services.
15. **"Emergency medical care technician"** means an individual who has been certified by the department as an emergency medical technician, an advanced emergency medical technician, an emergency medical technician I-99 or a paramedic.
16. **"Emergency medical responder"** as an ambulance attendant means a person who has been trained in an emergency medical responder program certified by the director or in an equivalent training program and who is certified by the director to render services pursuant to section 36-2205.
17. **"Emergency medical services"** means those services required following an accident or an emergency medical situation:
  - (a) For on-site emergency medical care.
  - (b) For the transportation of the sick or injured by a licensed ground or air ambulance.
  - (c) In the use of emergency communications media.
  - (d) In the use of emergency receiving facilities.
  - (e) In administering initial care and preliminary treatment procedures by emergency medical care technicians.
18. **"Emergency medical services provider"** means any governmental entity, quasi-governmental entity or corporation whether public or private that renders emergency medical services in this state.

19. **"Emergency medical technician"** means a person who has been trained in an emergency medical technician program certified by the director or in an equivalent training program and who is certified by the director as qualified to render services pursuant to section 36-2205.
20. **"Emergency receiving facility"** means a licensed health care institution that offers emergency medical services, is staffed twenty-four hours a day and has a physician on call.
21. **"Fit and proper"** means that the director determines that an applicant for a certificate of necessity or a certificate holder has the expertise, integrity, fiscal competence and resources to provide ambulance service in the service area.
22. **"Medical record"** means any patient record, including clinical records, prehospital care records, medical reports, laboratory reports and statements, any file, film, record or report or oral statements relating to diagnostic findings, treatment or outcome of patients, whether written, electronic or recorded, and any information from which a patient or the patient's family might be identified.
23. **"National certification organization"** means a national organization that tests and certifies the ability of an emergency medical care technician and whose tests are based on national education standards.
24. **"National education standards"** means the emergency medical services education standards of the United States department of transportation or other similar emergency medical services education standards developed by that department or its successor agency.
25. **"Paramedic"** means a person who has been trained in a paramedic program certified by the director or in an equivalent training program and who is certified by the director to render services pursuant to section 36-2205.
26. **"Physician"** means any person licensed pursuant to title 32, chapter 13 or 17.
27. **"Stretcher van"** means a vehicle that contains a stretcher and that is operated to accommodate an incapacitated or disabled person who does not require medical monitoring, aid, care or treatment during transport.
28. **"Sub-operation station"** means a physical facility or location at which an ambulance service conducts operations for the dispatch of ambulances and personnel and that may be staffed twenty-four hours a day or less as determined by system use.
29. **"Trauma center"** means any acute care hospital that provides in-house twenty-four hour daily dedicated trauma surgical services that is designated pursuant to section 36-2225.
30. **"Trauma registry"** means data collected by the department on trauma patients and on the incidence, causes, severity, outcomes and operation of a trauma system and its components.
31. **"Trauma system"** means an integrated and organized arrangement of health care resources having the specific capability to perform triage, transport and provide care.
32. **"Validated testing procedure"** means a testing procedure that is inclusive of practical skills, or an attestation of practical skills proficiency on a form developed by the department by the educational training program, identified pursuant to section 36-2204, paragraph 2, that is certified as valid by an organization capable of determining testing procedure and testing content validity and that is recommended by the medical direction commission and the emergency medical services council before the director's approval.

33. **"Wheelchair van"** means a vehicle that contains or that is designed and constructed or modified to contain a wheelchair and that is operated to accommodate an incapacitated or disabled person who does not require medical monitoring, aid, care or treatment during transport.

**36-2202. Duties of the director; qualifications of medical director**

A. The director shall:

1. Appoint a medical director of the emergency medical services and trauma system.
2. Adopt standards and criteria for the denial or granting of certification and recertification of emergency medical care technicians. These standards shall allow the department to certify qualified emergency medical care technicians who have completed statewide standardized training required under section 36-2204, paragraph 1 and a standardized certification test required under section 36-2204, paragraph 2 or who hold valid certification with a national certification organization. Before the director may consider approving a statewide standardized training or a standardized certification test, or both, each of these must first be recommended by the medical direction commission and the emergency medical services council to ensure that the standardized training content is consistent with national education standards and that the standardized certification tests examines comparable material to that examined in the tests of a national certification organization.
3. Adopt standards and criteria that pertain to the quality of emergency care pursuant to section 36-2204.
4. Adopt rules necessary to carry out this chapter. Each rule shall identify all sections and subsections of this chapter under which the rule was formulated.
5. Adopt reasonable medical equipment, supply, staffing and safety standards, criteria and procedures for issuance of a certificate of registration to operate an ambulance.
6. Maintain a state system for recertifying emergency medical care technicians, except as otherwise provided by section 36-2202.01, that is independent from any national certification organization recertification process. This system shall allow emergency medical care technicians to choose to be recertified under the state or the national certification organization recertification system subject to subsection H of this section.

B. Emergency medical technicians who choose the state recertification process shall recertify in one of the following ways:

1. Successfully completing an emergency medical technician refresher course approved by the department.
2. Successfully completing an emergency medical technician challenge course approved by the department.
3. For emergency medical care technicians who are currently certified at the emergency medical technician level by the department, attesting on a form provided by the department that the applicant holds a valid and current cardiopulmonary resuscitation certification, has and will maintain documented proof of a minimum of twenty-four hours of continuing medical education within the last two years consistent with department rules and has functioned in the capacity of an emergency medical technician for at least two hundred forty hours during the last two years.

C. After consultation with the emergency medical services council the director may authorize pilot programs designed to improve the safety and efficiency of ambulance inspections for governmental or quasi-governmental entities that provide emergency medical services in this state.

- D. The rules, standards and criteria adopted by the director pursuant to subsection A, paragraphs 2, 3, 4 and 5 of this section shall be adopted in accordance with title 41, chapter 6, except that the director may adopt on an emergency basis pursuant to section 41-1026 rules relating to the regulation of ambulance services in this state necessary to protect the public peace, health and safety in advance of adopting rules, standards and criteria as otherwise provided by this subsection.
- E. The director may waive the requirement for compliance with a protocol adopted pursuant to section 36-2205 if the director determines that the techniques, drug formularies or training makes the protocol inconsistent with contemporary medical practices.
- F. The director may suspend a protocol adopted pursuant to section 36-2205 if the director does all of the following:
  - 1. Determines that the rule is not in the public's best interest.
  - 2. Initiates procedures pursuant to title 41, chapter 6 to repeal the rule.
  - 3. Notifies all interested parties in writing of the director's action and the reasons for that action. Parties interested in receiving notification shall submit a written request to the director.
- G. To be eligible for appointment as the medical director of the emergency medical services and trauma system, the person shall be qualified in emergency medicine and shall be licensed as a physician in one of the states of the United States.
- H. Applicants for certification shall apply to the director for certification. Emergency medical care technicians shall apply for recertification to the director every two years. The director may extend the expiration date of an emergency medical care technician's certificate for thirty days. The department shall establish a fee for this extension by rule. Emergency medical care technicians shall pass an examination administered by the department as a condition for recertification only if required to do so by the advanced life support base hospital's medical director or the emergency medical care technician's medical director.
- I. The medical director of the emergency medical services and trauma system is exempt from title 41, chapter 4, articles 5 and 6 and is entitled to receive compensation pursuant to section 38-611, subsection A.
- J. The standards, criteria and procedures adopted by the director pursuant to subsection A, paragraph 5 of this section shall require that ambulance services serving a rural or wilderness certificate of necessity area with a population of less than ten thousand persons according to the most recent United States decennial census have at least one ambulance attendant as defined in section 36-2201, paragraph 6, subdivision (a) and one ambulance attendant as defined in section 36-2201, paragraph 6, subdivision (b) staffing an ambulance while transporting a patient and that ambulance services serving a population of ten thousand persons or more according to the most recent United States decennial census have at least one ambulance attendant as defined in section 36-2201, paragraph 6, subdivision (a) and one ambulance attendant as defined in section 36-2201, paragraph 6, subdivision (a), (c), (d) or (e) staffing an ambulance while transporting a patient.
- K. If the department determines there is not a qualified administrative medical director, the department shall ensure the provision of administrative medical direction for an emergency medical technician if the emergency medical technician meets all of the following criteria:
  - 1. Is employed by a nonprofit or governmental provider employing less than twelve full-time emergency medical technicians.
  - 2. Stipulates to the inability to secure a physician who is willing to provide administrative medical direction.



3. Stipulates that the provider agency does not provide administrative medical direction for its employees.

#### **36-2202.01. Test administration**

The test for certification or recertification, pursuant to section 36-2202, may be administered by the department or one of the following approved by the director:

1. Representatives appointed by the director in consultation with the medical director of the emergency medical services and trauma system.
2. A testing facility.
3. An emergency medical services provider or ambulance service provider that has a training or education program. Emergency medical service providers or ambulance service providers may enter into contracts or intergovernmental agreements with other public entities for the purposes of emergency medical care technician testing and recertification testing. The training or education program must be staffed by at least three full-time persons who provide education and training to emergency services personnel. Two of these persons must be certified at a minimum of emergency medical care technician or higher and at least one person must be a paramedic or a registered nurse licensed pursuant to title 32, chapter 15. The medical director of an emergency medical training or education program must be a physician licensed pursuant to title 32, chapter 13 or 17.

#### **36-2203. Emergency medical services council; membership; delayed repeal**

A. The emergency medical services council is established. The medical director of the emergency medical services and trauma system shall chair the council. The council is composed of the director of the department of public safety and the governor's highway safety coordinator, or their designees, and the following members appointed by the governor to three year terms:

1. One representative from each of the four local emergency medical services coordinating systems prescribed in section 36-2210.
2. One physician specializing in emergency medicine from each of the four local emergency medical services coordinating regions prescribed in section 36-2210.
3. One professional nurse who is licensed pursuant to title 32, chapter 15 and who specializes in emergency medicine.
4. One emergency medical care technician.
5. Two representatives from ambulance service corporations.
6. Two hospital administrators, one of whom represents a county with a population of less than five hundred thousand persons.
7. One representative from each of the three employers of the largest number of emergency medical care technicians and paramedics.
8. One representative from a nongovernmental employer of emergency medical technicians I-99.
9. One representative from the state fire districts.

10. One physician who is licensed pursuant to title 32, chapter 13 or 17 and who specializes in trauma surgery.
11. One representative of a prehospital emergency medical training program.
12. Six public members.
13. One representative of a volunteer medical rescue program.

B. Public members of the council are eligible to receive compensation pursuant to section 38-611.

C. This section is repealed from and after January 1, 2020.

**36-2203.01. Medical direction commission; membership; duties**

A. The medical direction commission is established consisting of the following twelve members:

1. The medical director of the emergency medical services and trauma system in the department of health services who shall serve as chairman.
2. The four emergency physicians who serve on the emergency medical services council pursuant to section 36-2203, subsection A, paragraph 2.
3. One physician who specializes in toxicology and who has a demonstrated interest or expertise in emergency medical services systems.
4. One full-time faculty representative of an emergency medicine residency program approved by a residency review commission.
5. One physician who specializes in trauma surgery and who has a demonstrated interest or expertise in emergency medical services systems.
6. One emergency physician who has a full-time practice based in a rural area.
7. One physician who specializes in severe acute head injury treatment or spinal cord care and who has a demonstrated interest or expertise in emergency medical services systems.
8. One physician who specializes in pediatric medicine and who has a demonstrated interest or expertise in emergency medical services systems.
9. One physician who specializes in cardiac care and who has a demonstrated interest or expertise in emergency medical services systems.

B. The governor shall make all appointments of members designated pursuant to subsection A, paragraphs 3 through 9 of this section. The governor may accept recommendations for the appointment of commission members from the following organizations:

1. The Arizona chapter of the American college of emergency physicians.
2. The Arizona chapter of the American college of surgeons.

3. The Arizona chapter of the American college of pediatrics.
  4. The Arizona chapter of the American college of physicians.
- C. The commission shall assist the director in developing medical protocols governing the medical treatments, procedures, medications, training and techniques that may be administered or performed by each classification of emergency medical care technicians pursuant to section 36-2205.
- D. Members of the commission serve three year terms.
- E. Members of the commission are not entitled to compensation but are entitled to reimbursement of expenses pursuant to title 38, chapter 4, article 2.

**36-2204. Medical control**

The medical director of the emergency medical services and trauma system, the emergency medical services council and the medical direction commission shall recommend to the director the following standards and criteria that pertain to the quality of emergency patient care:

1. Statewide standardized training, certification and recertification standards for all classifications of emergency medical care technicians.
2. A standardized and validated testing procedure for all classifications of emergency medical care technicians.
3. Medical standards for certification and recertification of training programs for all classifications of emergency medical care technicians.
4. Standardized continuing education criteria for all classifications of emergency medical care technicians.
5. Medical standards for certification and recertification of certified emergency receiving facilities and advanced life support base hospitals and approval of physicians providing medical control or medical direction for any classification of emergency medical care technicians who are required to be under medical control or medical direction.
6. Standards and mechanisms for monitoring and ongoing evaluation of performance levels of all classifications of emergency medical care technicians, emergency receiving facilities and advanced life support base hospitals and approval of physicians providing medical control or medical direction for any classification of emergency medical care technicians who are required to be under medical control or medical direction.
7. Objective criteria and mechanisms for decertification of all classifications of emergency medical care technicians, emergency receiving facilities and advanced life support base hospitals and for disapproval of physicians providing medical control or medical direction for any classification of emergency care technicians who are required to be under medical control or medical direction.
8. Medical standards for non-physician prehospital treatment and prehospital triage of patients requiring emergency medical services.
9. Standards for emergency medical dispatcher training, including prearrival instructions. For the purposes of this paragraph, "emergency medical dispatch" means the receipt of calls requesting emergency medical services and the response of appropriate resources to the appropriate location.

10. Standards for a quality assurance process for components of the emergency medical services system, including standards for maintaining the confidentiality of the information considered in the course of quality assurance and the records of the activities of quality assurance process pursuant to section 36-2401.
11. Standards for ambulance service and medical transportation that give consideration to the differences between urban, rural and wilderness areas.
12. Standards to allow an ambulance to transport a patient to a health care institution that is licensed as a special hospital and that is physically connected to an emergency receiving facility.

**36-2204.01. Emergency medical services providers; centralized medical direction communications center:**

An ambulance service or emergency medical services provider may provide centralized medical direction through a centralized medical direction communications center.

**36-2204.02. Emergency medical services providers; investigations**

- A. In lieu of the requirements of section 36-2211, the director may authorize an ambulance service or emergency medical services provider to investigate, discipline or determine the fitness of an employee to continue to provide patient care. This authority does not apply to the conviction of, a plea of guilty or no contest to or admission in a court proceeding to the elements of a felony. The employer listed on the emergency medical care technician's or ambulance attendant's certification or recertification application may limit the practice of the emergency medical care technician or ambulance attendant during the investigation if the employer meets all of the following requirements:
  1. Has separate investigative or supervisory staff to conduct an investigation.
  2. Has an employee assistance program for counseling.
  3. Has policies and procedures for drug testing through urinalysis or other generally accepted methods.
  4. Has policies and procedures for monitoring of personnel who are suspected of or who have been convicted of substance abuse.
- B. An ambulance service or emergency medical services provider that conducts its own disciplinary investigations pursuant to subsection A of this section shall report the following to the medical director of the emergency medical services and trauma system:
  1. The nature of the allegation.
  2. The level of patient care being delivered by the employee and the supervision of the employee during the investigation or rehabilitative period, or both.
  3. The final outcome of the investigation and the final recommendation on the employee's certification status.
- C. The decisions of the employer are appealable under the employer's personnel policies and procedures. Except as provided in section 41-1092.08, subsection H, the final administrative decisions of the director are subject to judicial review pursuant to title 12, chapter 7, article 6.

**36-2205. Permitted treatment and medication; certification requirement; protocols**

- A. The director, in consultation with the medical director of the emergency medical services and trauma system, the emergency medical services council and the medical direction commission, shall establish protocols, which may include training criteria, governing the medical treatments, procedures, medications and techniques that may be administered or performed by each classification of emergency medical care technician. These protocols shall consider the differences in treatments and procedures for regional, urban, rural and wilderness areas and shall require that emergency medical care technicians authorized to perform advanced life support procedures render these treatments, procedures, medications or techniques only under the direction of a physician.
- B. The protocols adopted by the director pursuant to this section are exempt from title 41, chapter 6.
- C. Notwithstanding subsection B of this section, a person may petition the director, pursuant to section 41-1033, to amend a protocol adopted by the director.
- D. In consultation with the medical director of the emergency medical services and trauma system, the emergency medical services council and the medical direction commission, the director shall establish protocols for emergency medical providers to refer and advise a patient or transport a patient by the most appropriate means to the most appropriate provider of medical services based on the patient's condition. The protocols shall consider the differences in treatments and procedures for regional, urban, rural and wilderness areas and shall require that emergency medical care technicians authorized to perform advanced life support procedures render these treatments, procedures, medications or techniques only under the direction of a physician.
- E. The protocols established pursuant to subsection D of this section shall include triage and treatment protocols that allow all classifications of emergency medical care technicians responding to a person who has accessed 911, or a similar public dispatch number, for a condition that does not pose an immediate threat to life or limb to refer and advise a patient or transport a patient to the most appropriate health care institution, as defined in section 36-401, based on the patient's condition, taking into consideration factors including patient choice, the patient's health care provider, specialized health care facilities and local protocols.

**36-2206. Immunity; emergency instructions**

- A. Any health care provider licensed or certified to practice in this state who in good faith gives emergency instructions to emergency medical care technicians at the scene of an emergency is not liable for any civil damages as a result of issuing those instructions.
- B. Any emergency medical services or health care provider who in good faith provides prearrival instructions following the minimum standards established by the state pursuant to section 36-2204, paragraph 9 is not liable for any civil damages as a result of issuing these instructions.

**36-2207. Authorization for political subdivisions to participate**

Any city, town, county, fire district or health service district of this state may budget for and expend monies for participation in emergency paramedic programs and may enter into intergovernmental agreements for the delivery of such services pursuant to title 11, chapter 7, article 3.

### **36-2208. Bureau of emergency medical services and trauma system**

- A. There is established within the department a bureau of emergency medical services and trauma system that is responsible for coordinating, establishing and administering a statewide system of emergency medical services, trauma care and a trauma registry.
- B. This chapter does not prevent any individual, law enforcement officer, public agency or member of a city, town, fire district or volunteer fire department from rendering on-site emergency medical care or, if, in terms of the existing medical situation, it is deemed not advisable to await the arrival of an ambulance, from transporting emergency medical patients to a hospital or an emergency receiving facility, except that if any patient objects on religious grounds, that patient shall not be administered any medical treatment or be transported to a hospital or an emergency receiving facility.
- C. The director shall develop an annual statewide emergency medical and trauma services plan and submit that plan to the council for review and approval. The statewide plan shall then be submitted to the governor for final adoption. Before submitting the plan to the governor, the director shall accept comments from the authorized local agencies and governmental entities.
- D. A local emergency medical services coordinating system shall develop a regional emergency medical services plan that includes a needs assessment and submit the plan to the director and to the authorized local agencies within the area. The regional plans shall be integrated into the statewide plan by the department.
- E. The state plan shall contain a budget component for funding local and state emergency medical services systems from the emergency medical services operating fund established pursuant to section 36-2218 based on the needs assessment of the local emergency medical services coordinating system plans. The components shall be included in the department's budget through the normal appropriation process.

### **36-2209. Powers and duties of the director**

#### **A. The director shall:**

- 1. Appoint and define the duties and prescribe the terms of employment of all employees of the bureau.
- 2. Adopt rules necessary for the operation of the bureau and for carrying out the purposes of this chapter.
- 3. Cooperate with and assist the personnel of emergency receiving facilities and other health care institutions in preparing a plan to be followed by these facilities and institutions in the event of a major disaster.
- 4. Cooperate with the state director of emergency management when a state of emergency or a state of war emergency has been declared by the governor.

#### **B. The director may:**

- 1. Request the cooperation of utilities, communications media and public and private agencies to aid and assist in the implementation and maintenance of a statewide emergency medical services system.
- 2. Enter into contracts and agreements with any local governmental entity, agency, facility or group that provides a similar program of emergency medical services in a contiguous state.

3. Enter into contracts and agreements for the acquisition and purchase of any equipment, tools, supplies, materials and services necessary in the administration of this chapter.
4. Enter into contracts with emergency receiving facilities, governmental entities, emergency rescue services and ambulance services, and the director may establish emergency medical services, including emergency receiving facilities, if necessary to assure the availability and quality of these services.
5. Accept and expend federal funds and private grants, gifts, contributions and devises to assist in carrying out the purposes of this chapter. These funds do not revert to the state general fund at the close of a fiscal year.
6. Establish an emergency medical services notification system that uses existing telephone communications networks.
7. Contract with private telephone companies for the establishment of a statewide emergency reporting telephone number.
8. Authorize the testing entity to collect fees determined by the director. In determining fees for testing entities the director shall consider the fees required by national certification organizations.

#### **36-2210. Local emergency medical services coordinating systems**

The department shall contract with a local emergency medical services coordinating system that:

1. Conducts needs assessments and plans and coordinates a regional emergency medical and trauma services system within a designated planning area.
2. Has a governing board.
3. Demonstrates continued support annually by action of the governing bodies of the counties, cities, towns and fire districts within the planning area representing a majority of the total population of the area. For the purposes of this paragraph, the county represents the unincorporated areas of the county, except fire districts.
4. Offers emergency medical programs for the effective and coordinated delivery of emergency medical services if authorized by its governing board.

#### **36-2211. Grounds for censure, probation, suspension or revocation of emergency medical care technician certificate; proceedings; civil penalty; judicial review**

- A. The medical director of the emergency medical services and trauma system, on behalf of the director, may censure or place on probation an emergency medical care technician or suspend or revoke the certification issued to any emergency medical care technician pursuant to this article for any of the following causes:
  1. Unprofessional conduct.
  2. Conviction of, a plea of guilty or no contest to or admission in a court proceeding to the elements of a felony or of a misdemeanor involving moral turpitude during the time that a person is certified as an emergency medical care technician. The record of conviction or a copy of the record certified by the clerk of the court or by the judge by whom the person was sentenced is conclusive evidence of conviction.

3. Physical or mental incompetence to provide emergency medical services as an emergency medical care technician.
  4. Gross incompetence or gross negligence in the provision of emergency medical services as an emergency medical care technician.
  5. Wilful fraud or misrepresentation in the provision of emergency medical services as an emergency medical care technician or in the admission to that practice.
  6. Use of any narcotic or dangerous drug or intoxicating beverage to an extent that the use impairs the ability to safely conduct the provision of emergency medical services as an emergency medical care technician.
  7. The wilful violation of this chapter or the rules adopted pursuant to this chapter.
- B. The medical director of the emergency medical services and trauma system on the medical director's own motion may investigate any evidence that appears to show the existence of any of the causes set forth in subsection A of this section. The medical director shall investigate the report under oath of any person that appears to show the existence of any of the causes set forth in subsection A of this section. Any person reporting pursuant to this section who provides the information in good faith is not subject to liability for civil damages as a result.
- C. If, in the opinion of the medical director of the emergency medical services and trauma system, it appears the information is or may be true, the medical director shall request an informal interview with the emergency medical care technician. The interview shall be requested by the medical director in writing, stating the reasons for the interview and setting a date not less than ten days from the date of the notice for conducting the interview. The written request for an interview shall also state that if the medical director finds that cause exists for censure or probation or the suspension or revocation of the certificate the medical director may impose a civil penalty of not more than three hundred fifty dollars for each occurrence of cause as provided in subsection A of this section. The request for an interview shall also state that each day a cause for discipline exists constitutes a separate offense.
- D. Following the investigation, including an informal interview if requested, and together with any mental, physical or professional competence examination as the medical director of the emergency medical services and trauma system deems necessary, the medical director may proceed in the following manner:
1. If the medical director finds that the evidence obtained pursuant to subsections B and C of this section does not warrant censure or probation of the emergency medical care technician or suspension or revocation of a certificate, the medical director shall notify the emergency medical care technician and terminate the investigation.
  2. If the medical director finds that the evidence obtained pursuant to subsections B and C of this section does not warrant suspension or revocation of a certificate but does warrant censure or probation, the medical director may do either of the following:
    - (a) Issue a decree of censure.
    - (b) Fix a period and terms of probation best adapted to protect the public health and safety and rehabilitate and educate the emergency medical care technician. Failure to comply with any probation is cause for filing a complaint and holding a formal hearing as provided in paragraph 3 of this subsection.



3. If the medical director finds that the evidence obtained pursuant to subsections B and C of this section warrants suspension or revocation of a certificate issued under this article, or if the emergency medical care technician under investigation refuses to attend the informal interview authorized in subsection C of this section, a complaint shall be issued and formal proceedings shall be initiated. All proceedings pursuant to this paragraph shall be conducted pursuant to title 41, chapter 6, article 10.
- E. If after a hearing as provided in this section any cause for censure, probation, suspension or revocation is found to exist, the emergency medical care technician is subject to censure or probation or suspension or revocation of the certificate or any combination of these for a period of time or permanently and under conditions as the medical director of the emergency medical services and trauma system deems appropriate.
  - F. In addition to other disciplinary action provided pursuant to this section, the medical director of the emergency medical services and trauma system may impose a civil penalty of not more than three hundred fifty dollars for each occurrence of cause as provided in subsection A of this section not to exceed twenty-five hundred dollars. Each day that cause for discipline exists constitutes a separate offense. All monies collected pursuant to this subsection shall be deposited, pursuant to sections 35-146 and 35-147, in the state general fund.
  - G. Except as provided in section 41-1092.08, subsection H, final decisions of the medical director of the emergency medical services and trauma system are subject to judicial review pursuant to title 12, chapter 7, article 6.

**36-2212. Certificate of registration to operate an ambulance; termination on change in ownership; fees; exemption**

- A. A person shall not operate an ambulance in this state unless the ambulance has a certificate of registration and complies with this article and the rules, standards and criteria adopted pursuant to this article.
- B. A person may obtain a certificate of registration to operate an ambulance by submitting an application on a form prescribed by the director and by demonstrating to the director's satisfaction that the applicant is in compliance with this article and all rules, standards and criteria adopted by the director for the operation of an ambulance.
- C. A certificate of registration issued under this section terminates upon any change of ownership or control of the ambulance. Following any change of ownership, the new owner of an ambulance shall apply for and receive a new certificate of registration from the director before the ambulance may again be operated in this state. This subsection does not apply if an ambulance service borrows, leases, rents or otherwise obtains a registered ambulance from another ambulance service to temporarily replace an inoperable ambulance.
- D. The department shall issue a certificate of registration to a person who complies with the requirements of this article and who pays an initial registration fee. A certificate of registration is valid for one year. However, an ambulance service may request that the department issue an initial certificate of registration that expires before the end of one year in order for the department to conduct an annual inspection of all of the ambulance service's ambulances at one time. A person may renew a certificate of registration by complying with the requirements of this article and by paying a renewal fee prescribed by the director. The fee for initial registration and registration renewal shall not exceed fifty dollars for each ambulance. The department shall base these fees on an amount that approximates the per vehicle costs incurred by the department to administer this chapter. The director shall deposit, pursuant to sections 35-146 and 35-147, fees collected under this subsection in the state general fund. The department shall not charge a registration fee for an ambulance to an ambulance service that operates an ambulance or ambulances only as a volunteer not-for-profit service.

### **36-2213. Regulation of air ambulance services**

The director shall adopt rules to establish minimum standards for the operation of air ambulance services that are necessary to assure the public health and safety. The director may use the current standards adopted by the commission on accreditation of air medical services. Each rule shall reference the specific authority from this chapter under which the rule was formulated. The rules shall provide for the department to do the following:

1. Establish standards and requirements relating to at least the following:
  - (a) Medical control plans. These plans shall conform to the standards adopted pursuant to section 36-2204, paragraph 9.
  - (b) Qualifications of the medical director of the air ambulance services.
  - (c) Operation of only those air ambulances registered pursuant to section 36-2212 and licensed pursuant to title 28, chapter 25.
2. Establish response times and operation times to assure that the health and safety needs of the public are met.
3. Establish standards for emergency medical dispatch training, including prearrival instruction. For the purposes of this paragraph, "emergency medical dispatch" means the receipt of calls requesting emergency medical services and the response of appropriate resources to the appropriate location.
4. Require the filing of run log information.
5. Issue, transfer, suspend or revoke air ambulance service licenses under terms and conditions consistent with this chapter. These rules shall be consistent for all ambulance services.
6. Investigate the operation of an air ambulance service including a person operating an ambulance that has not been issued a certificate of registration and conduct on-site investigations of facilities communications equipment, vehicles, procedures, materials and equipment.
7. Prescribe the terms of the air ambulance service license.
8. Prescribe the criteria for the air ambulance service license inspection process and for determining an air ambulance service's compliance with licensure requirements. The director shall accept proof that an air ambulance service is accredited by the commission on accreditation of air medical services in lieu of all licensing inspections required if the director receives a copy of the air ambulance service's accreditation report.

### **36-2214. Air ambulance service license**

- A. A person shall not operate an air ambulance service in this state unless the air ambulance service is licensed and complies with this article and the rules adopted pursuant to this article.
- B. On receipt of a properly completed application for initial licensure or re-licensure on a form prescribed by the director, the director shall conduct an inspection of the air ambulance service as prescribed by this article. If an application for a license is submitted due to a planned change of ownership, the director shall determine the need for an inspection of the air ambulance service.

- C. The director shall issue a license if the director determines that an applicant and the air ambulance service for which the license is sought comply with the requirements of this article and rules adopted pursuant to this article and the applicant agrees to carry out a plan acceptable to the director to eliminate any deficiencies.

**36-2215 Required insurance or financial responsibility; denial or revocation for failure to comply**

- A. The director shall not issue an air ambulance service license to an ambulance service unless the applicant for the license or the licensee files with the department a certificate of insurance completed by an insurance company that is authorized to transact business in this state or other evidence of financial responsibility in an amount that the director by rule determines is necessary to adequately protect the interest of the public. The applicant for a license or the licensee shall have malpractice and liability insurance that requires the insurer to compensate for injuries to persons and for loss or damage to property resulting from the negligent operation of the air ambulance service.
- B. The director shall deny the application for a license or revoke the license of any air ambulance service that fails to comply with this section.

**36-2216. Prohibited acts; classification**

- A. It is unlawful for any person to operate an ambulance in this state which does not comply with the provisions of this article or the rules adopted by the director under this article.
- B. A person who violates subsection A is guilty of a class 1 misdemeanor.

**36-2217. Exemption from regulation**

- A. This chapter does not apply to:
1. Vehicles used for the emergency transportation of persons injured at an industrial site.
  2. Persons engaged in and vehicles used for air transportation of sick or injured people in a noncritical or nonemergency situation as determined by a physician.
  3. Medical evacuation equipment used and owned by the department of public safety in air, ground or water evacuation and including fixed wing aircraft, helicopters, ground ambulances and similar ground conveyances, snowmobiles and water traversing equipment.
  4. Vehicles provided or contracted for emergency medical services by a political subdivision if these vehicles are primarily used to provide on the scene stabilization of sick, injured, wounded, incapacitated or helpless persons.
  5. Ambulances from other states that are:
    - (a) Responding to a major catastrophe or emergency in this state because there are insufficient registered ambulances in this state to respond in that situation.
    - (b) Operating either from a location outside of this state to transport a patient to a location within this state or operating from a location outside of this state and crossing through this state to transport a patient to a location outside this state.
  6. Stretcher vans that meet the requirements of section 36-2223.

- B. Except as provided in subsection A, paragraph 5, subdivision (a) of this section, an ambulance from another state shall not pick up a patient in this state and transport that patient to another location in this state unless that ambulance is registered under this chapter.

**36-2218. Emergency medical services operating fund**

- A. An emergency medical services operating fund is established. The director shall administer the fund. The emergency medical services operating fund shall consist of monies collected pursuant to sections 12-116.02 and 36-3251 and distributed pursuant to section 36-2219.01, subsection B, paragraph 2.
- B. The director of the department of health services with advice from the council shall expend monies in the fund for funding local and state emergency medical services systems. Monies in the fund are subject to annual legislative appropriation.

**36-2219.01. Medical services enhancement fund**

- A. A medical services enhancement fund is established consisting of monies collected pursuant to section 12-116.02. The state treasurer shall administer the fund.
- B. On the first day of each month, the state treasurer shall distribute or deposit:
1. Fourteen and two-tenths per cent in the substance abuse services fund established pursuant to section 36-2005.
  2. Forty-eight and nine-tenths per cent in the emergency medical services operating fund established pursuant to section 36-2218 of which at least eight per cent shall be used for personnel expenses, education, training and equipment purchases in cities or towns with a population of less than ninety thousand persons according to the most recent United States decennial census.
  3. Twenty-two per cent in the spinal and head injuries trust fund established pursuant to section 41-3203.
  4. Nine and four-tenths per cent in a separate account of the substance abuse services fund established by section 36-2005 for use in administering the provisions of section 36-141.
  5. Five and five-tenths per cent in the state general fund.
- C. Monies distributed pursuant to subsection B of this section constitute a continuing appropriation.

**36-2220. Records; confidentiality; definition**

- A. Information developed, records kept and data collected by the department or a political subdivision of this state for the purpose of administering or evaluating the Arizona emergency medical services system or for the trauma system are available to the public except:
1. Any patient record, including clinical records, prehospital care records, medical reports, laboratory statements and reports, any file, film, record or report or oral statement relating to diagnostic findings, treatment or outcome of patients, whether written or recorded, and any information from which a patient, the patient's family or the patient's health care provider or facility might be identified except records, files and information are available to the patient, the patient's guardian or the patient's agent.

2. Information obtained and data collected for purposes of chapter 25 or chapter 4, article 5 of this title.
- B. Unless otherwise provided by law, all medical records developed and kept by a prehospital component of the statewide trauma system and information contained in these records are confidential and may not be released to the public without written authorization by the patient, the patient's guardian or the patient's agent.
- C. Notwithstanding subsection B of this section, a prehospital incident history report completed and kept by a nonhospital political subdivision of this state is available to the public except for information in that report that is protected from disclosure by the laws of this state or federal law, including confidential patient treatment information.
- D. Patient records and medical records covered by this section may be obtained pursuant to section 12-2294.01.
- E. Information, documents and records received by the department or prepared by the department in connection with an investigation that is conducted pursuant to this article and that relates to emergency medical care technicians are confidential and are not subject to public inspection or civil discovery. The results of the investigation and the decision of the department are available to the public after the investigation is completed and the investigation file is closed.
- F. For the purposes of this section, "prehospital incident history report" means a record of the prehospital response, nature of the incident and transportation of an emergency medical services patient that is documented on a prehospital incident history report.

**36-2221. Trauma center data; requirements; confidentiality; violation; classification**

- A. Trauma centers shall submit to the department a uniform data set for the trauma patient as prescribed by the department. Advanced life support base hospitals that are not trauma centers may also submit this data to the department. The director shall identify the categories of patients who are to be reported as trauma patients under this section.
- B. The department shall provide quarterly trauma system data reports to each hospital and designated trauma center submitting data.
- C. The department may authorize other persons and organizations to use state trauma registry data:
  1. To study the sources and causes of trauma.
  2. To evaluate the cost, quality, efficacy and appropriateness of diagnostic, therapeutic, rehabilitative and preventive services and programs that are related to trauma.
- D. Information collected by the state trauma registry that can identify an individual is confidential and may be used only pursuant to this section. A person who discloses confidential information in violation of this section is guilty of a class 3 misdemeanor.

**36-2222. Trauma advisory board; membership; compensation; duties**

- A. The trauma advisory board is established and consists of the following members:

1. The medical director of the bureau of the emergency medical services and trauma system who shall chair the board.
  2. The director of the department of public safety or the director's designee.
  3. Four members representing the four regional emergency medical services coordinating councils.
  4. Two members from trauma centers in this state.
  5. A representative from a statewide organization representing a national college of surgeons that is a recognized, authoritative body representing national trauma services standards.
  6. A representative from a statewide fire district association.
  7. A representative from a statewide hospital association.
  8. A representative from a federal Indian health services organization.
  9. A representative from a national organization of emergency physicians that is a recognized, authoritative body representing national emergency medicine standards.
  10. A representative from a national association of retired persons.
  11. A representative from a statewide rehabilitation facility.
  12. A representative from an urban advanced life support base hospital that is not a trauma center.
  13. A representative from a rural advanced life support base hospital that is not a trauma center.
  14. A representative from a statewide ambulance association.
  15. A representative from a fire department in a county with a population of five hundred thousand persons or more according to the most recent United States decennial census.
  16. A representative of a tribal health organization.
  17. A representative from a statewide neurosurgical society.
  18. A representative from a statewide pediatric organization.
  19. A representative from a society of trauma nurses.
  20. A representative from a national association of orthopedic trauma.
- B. Except for board members who serve under subsection A, paragraphs 1 and 2 of this section, board members are appointed by the director and serve staggered three year terms.
- C. The director shall accept recommendations for appointment of board members from organizations representing consumers, insurers and governmental agencies that have an interest in the development of a statewide trauma system, including statewide chapters of a national trauma society, a national emergency medical nurses association, a medical association and an aeromedical association. Wherever appropriate to the entity being represented, the director shall consider qualified licensed physicians with experience in

trauma care in anesthesia, emergency medicine, neurosurgery, orthopedics and pediatrics, and licensed nurses with experience in prehospital emergency care or trauma care.

D. Board members are not eligible to receive compensation but are eligible for reimbursement of expenses under title 38, chapter 4, article 2.

E. The board shall:

1. Make recommendations on the initial and long-term processes for the verification and designation of trauma center levels, including the evaluation of trauma center criteria.
2. Make recommendations on the development and implementation of comprehensive regional emergency medical services and trauma system plans.
3. Make recommendations on the state emergency medical services and trauma system quality improvement processes, including the state trauma registry.
4. Submit a report to the director on or before October 1 of each year regarding the board's accomplishments and recommendations.

F. The chairperson may appoint subcommittees to assist the board in meeting the requirements of subsection E of this section.

### **36-2223. Stretcher vans; wheelchair vans; use; restrictions**

A. A stretcher van may transport a person who:

1. Needs routine transportation to or from a medical appointment or service if that person is convalescent or otherwise non-ambulatory and does not require medical monitoring en route to the destination facility, or aid, care or treatment during transport.
2. Is an inpatient at a facility and needs transportation to another hospital for diagnostic tests if that person's physician authorizes the use of a stretcher van.

B. A stretcher van or wheelchair van shall not transport a person who:

1. Is being administered intravenous fluids.
2. Was administered a medication that might prevent that person from caring for himself.
3. Needs or may need oxygen unless that person's physician has prescribed oxygen as a self-administered therapy.
4. Needs or may need suctioning.
5. Has sustained an injury and has not yet been evaluated by a physician.
6. Is experiencing an acute condition or the exacerbation of a chronic condition or a sudden injury or illness.
7. Needs to be transported from one hospital to another hospital if the destination hospital is the same level or a higher level as the hospital of origin.

8. Is being evaluated in an emergency room and for any reason must be transported to another hospital for diagnostic tests that are not available at the first hospital.
  9. Is being medically monitored at the sending facility and will continue to be medically monitored at the destination facility.
- C. A stretcher van or wheelchair van shall not contain medical equipment or supplies or display any marking, symbols or warning devices that imply that it offers medical care or ambulance transportation.
  - D. A stretcher van shall not respond or transport a person if the request for service originated within a public dispatch system.
  - E. An ambulance service that provides both ambulances and stretcher vans or wheelchair vans shall not use a registered ambulance in place of a stretcher van or wheelchair van if a stretcher van or wheelchair van is specifically requested or if a stretcher van or wheelchair van may be used but is not immediately available.
  - F. A person transporting patients in stretcher vans or wheelchair vans in violation of the criteria in subsection B of this section or operating in violation of subsection C of this section may be determined by the department after notice and a hearing pursuant to section 36-2245 to have operated an unregistered ambulance in violation of section 36-2212.

#### **36-2224. Interfacility transportation of patients; requirements**

An ambulance service that transports a patient from a hospital within its certificated area to a hospital outside the certificated area is only required to transport that patient under medical direction to the nearest most appropriate facility as defined by federal medicare guidelines for ambulance services. This section shall not apply to any patient transport initiated or undertaken pursuant to the provisions of the federal emergency medical treatment and active labor act.

#### **36-2225. Statewide emergency medical services and trauma system; definitions**

- A. The department shall develop and administer a statewide emergency medical services and trauma system to implement the Arizona emergency medical services and trauma system plan. The department shall adopt rules to establish standards for the following:
  1. Injury prevention activities to decrease the incidence of trauma and decrease the societal cost of preventable mortality and morbidity.
  2. Public access to prehospital emergency medical services.
  3. A statewide network of trauma centers that provide trauma care and to which trauma patients can be transported.
  4. A trauma center designation and de-designation process for health care institutions that provide trauma care. The department may adopt rules that:
    - (a) Allow for designation based on:



- (i) A health care institution's verification as a trauma facility by a national verification organization.
- (ii) A determination by a national verification organization that a health care institution meets the state standards established by rule for designation as a trauma center.
- (iii) A determination by the department that a health care institution meets the state standards established by rule for designation as a trauma center.

(b) Require that trauma centers submit data to the trauma registry.

5. Trauma system evaluation and quality review through the collection and analysis of data.

6. Protection of confidential patient care and trauma registry information.

B. For the purposes of this section:

- 1. "National verification organization" means the American college of surgeons committee on trauma or other nationally recognized organization that verifies the ability of health care institutions to provide trauma services at various levels.
- 2. "Trauma center" means a health care institution that is designated pursuant to rules adopted by the department to provide a specific level of trauma care.

**36-2226. Emergency administration of epinephrine by good Samaritans; exemption from civil liability**

- A. Notwithstanding any other law, a person may administer epinephrine to another person who is suffering from a severe allergic reaction if the person acts in good faith and without compensation for the act of administering the epinephrine and a health professional who is qualified to administer epinephrine is not immediately available.
- B. A person who administers epinephrine pursuant to subsection A is not subject to civil liability for any injury that results from that act unless the person acts with gross negligence, wilful misconduct or intentional wrongdoing.

**36-2227. Informal interviews; request for information; nondissemination; violation; classification**

- A. At least thirty days before the date of an informal interview held pursuant to this article or article 2 of this chapter, the department shall notify a person who is under investigation, or that person's designee, that the person or designee may submit a written request with the department at least ten business days before that interview that the department provide the following before the interview:
  - 1. Except as provided pursuant to section 41-1010, the name of the person making the complaint.
  - 2. Except as prohibited by state and federal privacy or confidentiality laws, any documents received by the department, in any format or medium, that are relevant to the investigation, including:
    - (a) Records obtained by the department from first responders, emergency medical care technicians or other health care providers.
    - (b) Witness statements or summaries.
    - (c) Patient records.

- B. The department shall redact any information provided pursuant to subsection A of this section necessary to protect the personal identifying information of a patient.
- C. A person who receives information pursuant to subsection A of this section may not copy, share or otherwise disseminate that information except as needed to participate in the informal interview or in an administrative proceeding or appeal arising from the investigation. A person who violates this subsection is guilty of a class 3 misdemeanor.

## **Article 2 Regulation of Ambulances and Ambulance Services**

### **36-2232. Director; powers and duties; regulation of ambulance services; inspections; response time compliance**

- A. The director shall adopt rules to regulate the operation of ambulances and ambulance services in this state. Each rule shall identify all sections and subsections of this chapter under which the rule was formulated. The rules shall provide for the department to do the following:
  - 1. Determine, fix, alter and regulate just, reasonable and sufficient rates and charges for the provision of ambulances, including rates and charges for advanced life support service, basic life support service, patient loaded mileage, standby waiting, subscription service contracts and other contracts for services related to the provision of ambulances. The director may establish a rate and charge structure as defined by federal medicare guidelines for ambulance services. The director shall inform all ambulance services of the procedures and methodology used to determine ambulance rates or charges.
  - 2. Regulate operating and response times of ambulances to meet the needs of the public and to ensure adequate service. The rules adopted by the director for certificated ambulance service response times shall include uniform standards for urban, suburban, rural and wilderness geographic areas within the certificate of necessity based on, at a minimum, population density, geographic and medical considerations.
  - 3. Determine, fix, alter and regulate bases of operation. The director may issue a certificate of necessity to more than one ambulance service within any base of operation. For the purposes of this paragraph, "base of operation" means a service area granted under a certificate of necessity.
  - 4. Issue, amend, transfer, suspend or revoke certificates of necessity under terms consistent with this article.
  - 5. Prescribe a uniform system of accounts to be used by ambulance services that conforms to standard accounting forms and principles for the ambulance industry and generally accepted accounting principles.
  - 6. Require the filing of an annual financial report and other data. These rules shall require an ambulance service to file the report with the department not later than one hundred eighty days after the completion of its annual accounting period.
  - 7. Regulate ambulance services in all matters affecting services to the public to the end that this article may be fully carried out.
  - 8. Prescribe bonding requirements, if any, for ambulance services granted authority to provide any type of subscription service.

9. Offer technical assistance to ambulance services to maximize a healthy and viable business climate for the provision of ambulances.
  10. Offer technical assistance to ambulance services in order to obtain or to amend a certificate of necessity.
  11. Inspect, at a maximum of twelve month intervals, each ambulance registered pursuant to section 36-2212 to ensure that the vehicle is operational and safe and that all required medical equipment is operational. At the request of the provider, the inspection may be performed by a facility approved by the director. If a provider requests that the inspection be performed by a facility approved by the director, the provider shall pay the cost of the inspection.
- B. The director may require any ambulance service offering subscription service contracts to obtain a bond in an amount determined by the director that is based on the number of subscription service contract holders and to file the bond with the director for the protection of all subscription service contract holders in this state who are covered under that subscription contract.
- C. An ambulance service shall:
1. Maintain, establish, add, move or delete suboperation stations within its base of operation to ensure that the ambulance service meets the established response times or those approved by the director in a political subdivision contract.
  2. Determine the operating hours of its suboperation stations to provide for coverage of its base of operation.
  3. Provide the department with a list of suboperation station locations.
  4. Notify the department not later than thirty days after the ambulance service makes a change in the number or location of its suboperation stations.
- D. At any time the director or the director's agents may:
1. Inquire into the operation of an ambulance service, including a person operating an ambulance that has not been issued a certificate of registration or a person who does not have or is operating outside of a certificate of necessity.
  2. Conduct on-site inspections of facilities, communications equipment, vehicles, procedures, materials and equipment.
  3. Review the qualifications of ambulance attendants.
- E. If all ambulance services that have been granted authority to operate within the same service area or that have overlapping certificates of necessity apply for uniform rates and charges, the director may establish uniform rates and charges for the service area.
- F. In consultation with the medical director of the emergency medical services and trauma system, the emergency medical services council and the medical direction commission, the director of the department of health services shall establish protocols for ambulance services to refer and advise a patient or transport a patient by the most appropriate means to the most appropriate provider of medical services based on the patient's condition. The protocols shall include triage and treatment protocols that allow all classifications of emergency medical care technicians responding to a person who has accessed 911, or a similar public dispatch number, for a condition that does not pose an immediate threat to life or limb to refer and advise

a patient or transport a patient to the most appropriate health care institution as defined in section 36-401 based on the patient's condition, taking into consideration factors including patient choice, the patient's health care provider, specialized health care facilities and local protocols.

- G. The director, when reviewing an ambulance service's response time compliance with its certificate of necessity, shall consider in addition to other factors the effect of hospital diversion, delayed emergency department admission and the number of ambulances engaged in response or transport in the affected area.

**36-2233. Certificate of necessity to operate an ambulance service; termination; exceptions; service areas**

- A. Any person wishing to operate an ambulance service in this state shall apply to the department on a form prescribed by the director for a certificate of necessity.
- B. The director shall issue a certificate of necessity if all of the following apply:
1. The ambulance service has a certificate of registration issued by the department for at least one ambulance pursuant to section 36-2212.
  2. The director finds that public necessity requires the service or any part of the service proposed by the applicant.
  3. The director finds that the applicant is fit and proper to provide the service.
  4. The applicant has paid the appropriate fees pursuant to section 36-2240.
  5. The applicant has filed a surety bond pursuant to section 36-2237.
- C. A certificate of necessity issued pursuant to subsection B of this section shall be for all or part of the service proposed by the applicant as determined necessary by the director for public convenience and necessity.
- D. Nothing in this section shall be construed to require a certificate of necessity for:
1. Vehicles and persons exempt from a certificate of registration pursuant to section 36-2217.
  2. Ambulance services operating under temporary authority pursuant to section 36-2242.
- E. The director may grant a service area by one or any combination of the following descriptions:
1. Metes and bounds.
  2. A city, town or political subdivision not limited to a specific date.
  3. A city, town or political subdivision as of a specific date that does not include annexation.

**36-2234. Hearings; waiver of hearing; emergency action; judicial review**

- A. The director shall require a public hearing on any proposed action related to rates, fares or charges, operating or response times, bases of operation or certificates of necessity unless subsection C, E, or M of this section applies.
- B. A public hearing held pursuant to subsection A of this section shall meet the following requirements:
  - 1. The hearing shall be held pursuant to title 41, chapter 6, article 10.
  - 2. The director shall mail notice of the hearing to every ambulance service in the affected region no later than fifteen days before the hearing.
  - 3. The director may mail notice to other persons who the director determines are interested in the hearing.
  - 4. In a hearing or rehearing conducted pursuant to this article, an ambulance service may be represented by a corporate officer, an employee or a designee who has been specifically authorized by the ambulance service to represent it.
- C. The director may waive the hearing required under subsection A of this section if notification, including a general description of the proposed action of the department and the time and manner for any interested person to request a hearing, is given and all of the following apply:
  - 1. Notification of the proposed action has been sent to every ambulance service in the affected region no later than fifteen days before the action.
  - 2. The director has notified other persons who the director determines are interested in the proposed action no later than fifteen days before the action.
  - 3. The director has published notice of the proposed action in a newspaper of general circulation in the affected region at least once each week for two consecutive weeks before the action is taken.
  - 4. The director has received no requests within the fifteen day notification period for a hearing to be held on the proposed action.
- D. If the director receives a request pursuant to subsection C, paragraph 4 of this section, the director shall hold a hearing in compliance with subsection B of this section.
- E. The director shall not hold a hearing if a person requests a hearing regarding a rate increase that does not exceed the amount computed as follows:
  - 1. Determine the percentage growth in the transportation consumer price index of the United States department of labor, bureau of labor statistics, from the end of the second preceding calendar year to the calendar year immediately preceding the calendar year for which the rate increase is requested.
  - 2. Determine the percentage growth in the medical care consumer price index of the United States department of labor, bureau of labor statistics, from the end of the second preceding calendar year to the calendar year immediately preceding the calendar year for which the rate increase is requested.
  - 3. Add the amount determined in paragraph 1 of this subsection to the amount determined in paragraph 2 of this subsection and divide the sum by two.

- F. A rate increase authorized pursuant to subsection E of this section is deemed to be fixed by the department at the requested level. Notwithstanding subsection C of this section, the department shall hold a hearing pursuant to section 36-2232, subsection E for any proposed uniform rate or charge that exceeds the annual rate increase prescribed in subsection E of this section. The department shall require the applicants to submit the following information signed by the designated financial officer and the chief executive of the ambulance service who has fiduciary responsibility for providing accurate financial information:
1. A financial statement for the previous twenty-four months relating to the certificated areas.
  2. Any additional information the department requires to analyze the request.
- G. If an ambulance service with an established general public rate applies for a contract rate or range of rates that is up to thirty per cent less than its established rate, the director shall grant the rate without a public hearing or waiver, and without any right of intervention, unless within ninety days of the filing of a completed application the director determines that the contract rate or range of rates applied for does not accurately reflect the cost and economics of providing the contract services, would adversely affect the service available to the general public in the area of service as designated by its certificate of necessity or would cause any fixed rate, fare or charge to the general public to be adversely affected.
- H. If the department disallows a proposed contract rate pursuant to subsection G of this section, the ambulance service has a right to a hearing for review of the proposed contract rate or range of rates.
- I. The director may adopt rules for the establishment of a contract rate or range of rates that may be implemented and that exceeds the thirty per cent rate variance identified pursuant to subsection G of this section.
- J. Subsections G, H and I of this section are limited to contract rates or a range of rates applied for prescheduled, interfacility or convalescent transports.
- K. A service contract between an ambulance service and a political subdivision of this state, including local fire districts, shall be filed with and approved by the department in accordance with the following requirements:
1. On receipt of the proposed contract, the department has fifteen days to review the contract and notify the ambulance service of any additional information the department requires, recommended corrections or any provision that does or may violate this article.
  2. The ambulance service has fifteen days to provide the department with the information requested or to submit a revised or amended contract if required under paragraph 1 of this subsection.
  3. The contract becomes effective fifteen days after the ambulance service complies with the department's request unless the department determines that any rate or charge or other provisions specified in the contract will cause any fixed rate or charge to the general public rate to be adversely affected or the contract would be in violation of the ambulance service's certificate of necessity.
  4. If the department disallows a proposed contract pursuant to this subsection, the ambulance service has a right to a hearing for review of the proposed contract.
  5. The rates and charges contained in the contract are the rates and charges fixed by the director in a decision or order for the ambulance service and conform to the ambulance service's current or subsequent general public rates and charges.
  6. The area of response is within the ambulance service's certificated area.

- L. In case of emergency, the director may take action providing for immediate suspension of a certificate of registration or a certificate of necessity, or both, under this section without notice or a hearing if the director determines that a potential threat to the public health and safety exists. If such action is taken by the director, the director shall conduct a hearing within ten days after the date of the director's action unless the person against whom the action is directed waives the right to have a hearing held within ten days. If the ten day hearing requirement is waived, the director shall set a date mutually agreeable to the interested parties. The purpose of the hearing is to review the decision of the director to take such action. The director shall make findings of fact and may continue, suspend or modify the director's action.
- M. The director shall waive the hearing required under subsection A of this section if geographical changes in suboperation stations do not alter the service area or adversely affect approved response times.
- N. Except as provided in section 41-1092.08, subsection H, a final decision of the director is subject to judicial review pursuant to title 12, chapter 7, article 6.

### **36-2235. Terms of certificates of necessity; initial term; renewal**

- A. The initial certificate of necessity issued pursuant to section 36-2233 to each ambulance service shall be for a term of one year.
- B. On the expiration of a certificate of necessity, if the holder of the certificate meets all requirements, applies for a renewal and pays the fees prescribed in section 36-2240, the director shall renew the certificate for a term of three years without public hearing or waiver unless cause is shown to set a hearing to consider denial or renewal for a shorter term.
- C. If the director does not conclude a hearing to show cause within ninety days of the expiration date of the certificate, the certificate shall be renewed for a period of not less than one year. The term of the certificate shall be extended to three years if the director determines that cause is not established for denial or renewal for a shorter term. For the purposes of this subsection, "hearing to show cause" means a hearing ordered by the director pursuant to section 36-2245 to determine if any grounds exist to prevent an ambulance service from carrying out the provisions of subsection B of this section during the current term of the certificate.

### **36-2236. Nature of certificates of necessity; transfer; suspension; service area**

- A. A certificate of necessity issued pursuant to this article is not a franchise, may be revoked by the director and does not confer a property right on its holder.
- B. A certificate of necessity shall not be assigned or otherwise transferred without the written approval of the director. When any certificate is assigned or transferred, the director shall issue to the assignee or transferee a new certificate valid only for the unexpired term of the transferred or assigned certificate.
- C. In case of emergency, the director may suspend a certificate of necessity as provided in section 36-2234.
- D. If a certificate of necessity issued pursuant to this article includes any city, town or other political subdivision of this state, the service area shall be all the geographical area lying within the city, town, or political subdivision, unless the certificate issued by the director specifically excludes a portion of the city, town, or political subdivision. This subsection does not affect the validity of any previously granted certificate for an unincorporated area lying within the boundaries of a city.

**36-2237. Required insurance, financial responsibility or bond; revocation for failure to comply**

- A. The director shall not issue a certificate of necessity to an ambulance service unless the service has filed with the department a certificate of insurance or other evidence of financial responsibility in an amount the director deems necessary to adequately protect the interests of the public. The liability insurance shall bind the insurer to pay compensation for injuries to persons and for loss or damage to property resulting from the negligent operation of the ambulance service.
- B. If an application for a certificate of necessity includes any type of subscription service contract and, in the director's discretion, a surety bond is necessary pursuant to section 36-2232, the director shall not issue a certificate of necessity until the applicant has filed a surety bond with the director in the form and amount determined by him on which bond the applicant is the principal obligor and this state is the obligee. The director shall approve the bond and the bond must be with a surety company authorized to transact business in this state as surety on the bond. The bond must be conditioned on the payment by the applicant to any subscribers that may be parties to any type of subscription service contract.
- C. The director shall fix the total amount of the bond required and the director may increase or decrease the bond amount subject to criteria adopted by rule and regulation.
- D. The director shall revoke the certificate of necessity of any ambulance service which fails to comply with this section.

**36-2238. Termination of service under certificate of necessity**

An ambulance service which is authorized to operate under any certificate of necessity issued pursuant to this article shall not abandon or discontinue any service to any portion of the service area established under the certificate without an order from the department, unless the certificate has expired, becomes invalid or is suspended or revoked.

**36-2239. Rates or charges of ambulance service**

- A. An ambulance service that applies for an adjustment in its rates or charges shall automatically be granted a rate increase equal to the amount determined under section 36-2234, subsection E, if the ambulance service is so entitled. An automatic rate adjustment that is granted pursuant to this subsection and that is filed on or before April 1 is effective June 1 of that year. The department shall notify the applicant and each health care services organization as defined in section 20-1051 of the rate adjustment on or before May 1 of that year.
- B. Notwithstanding subsection E of this section, if the department does not hold a hearing within ninety days after an ambulance service submits an application to the department for an adjustment of its rates or charges, the ambulance service may adjust its rates or charges to an amount not to exceed the amount sought by the ambulance service in its application to the department. An ambulance service shall not apply for an adjustment of its rates or charges more than once every six months.
- C. At the time it holds a hearing on the rates or charges of an ambulance service pursuant to section 36-2234, the department may adjust the rates or charges adjusted by the ambulance service pursuant to subsection B of this section, but the adjustment shall not be retroactive.



- D. Except as provided in subsection H of this section, an ambulance service shall not charge, demand or collect any remuneration for any service greater or less than or different from the rate or charge determined and fixed by the department as the rate or charge for that service. An ambulance service may charge for disposable supplies, medical supplies and medication and oxygen related costs if the charges do not exceed the manufacturer's suggested retail price, are uniform throughout the ambulance service's certificated area and are filed with the director. An ambulance service shall not refund or limit in any manner or by any device any portion of the rates or charges for a service which the department has determined and fixed or ordered as the rate or charge for that service.
- E. The department shall determine and render its decision regarding all rates or charges within ninety days after commencement of the applicant's hearing for an adjustment of rates or charges. If the department does not render its decision as required by this subsection, the ambulance service may adjust its rates and charges to an amount that does not exceed the amounts sought by the ambulance service in its application to the department. If the department renders a decision to adjust the rates or charges to an amount less than that requested in the application and the ambulance service has made an adjustment to its rates and charges that is higher than the adjustment approved by the department, within thirty days after the department's decision the ambulance service shall refund to the appropriate ratepayer the difference between the ambulance service's adjusted rates and charges and the rates and charges ordered by the department. The ambulance service shall provide evidence to the department that the refund has been made. If the ambulance service fails to comply with this subsection, the director may impose a civil penalty subject to the limitations provided in section 36-2245.
- F. An ambulance service shall charge the advanced life support base rate as prescribed by the director under any of the following circumstances:
1. A person requests an ambulance by dialing telephone number 911, or a similarly designated telephone number for emergency calls, and the ambulance service meets the following:
    - (a) The ambulance is staffed with at least one ambulance attendant.
    - (b) The ambulance is equipped with all required advanced life support medical equipment and supplies for the advanced life support attendants in the ambulance.
    - (c) The patient receives advanced life support services or is transported by the advanced life support unit.
  2. Advanced life support is requested by a medical authority or by the patient.
  3. The ambulance attendants administer one or more specialized treatment activities or procedures as prescribed by the department by rule.
- G. An ambulance service shall charge the basic life support base rate as prescribed by the director under any of the following circumstances:
1. A person requests an ambulance by dialing telephone number 911, or a similarly designated telephone number for emergency calls, and the ambulance service meets the following:
    - (a) The ambulance is staffed with two ambulance attendants certified by this state.
    - (b) The ambulance is equipped with all required basic life support medical equipment and supplies for the basic life support medical attendants in the ambulance.
    - (c) The patient receives basic life support services or is transported by the basic life support unit.
  2. Basic life support transportation or service is requested by a medical authority or by the patient, unless any provision of subsection F of this section applies, in which case the advanced life support rate shall apply.

H. This section does not apply to reimbursement by the Arizona health care cost containment system administration or its contractors or subcontractors. The Arizona health care cost containment system administration or its contractors or subcontractors shall provide reimbursement for ambulance services under chapter 29, article 1 of this title.

I. In establishing rates and charges the director shall consider the following factors:

1. The transportation needs assessment of the medical response system in a political subdivision.
2. The medical care consumer price index of the United States department of labor, bureau of labor statistics.
3. Whether a review is made by a local emergency medical services coordinating system in regions where that system is designated as to the appropriateness of the proposed service level.
4. The rate of return on gross revenue.
5. Response times pursuant to section 36-2232, subsection A, paragraph 2.

J. Notwithstanding section 36-2234, an ambulance service may charge an amount for medical assessment, equipment or treatment that exceeds the requirements of section 36-2205 if requested or required by a medical provider or patient.

K. Notwithstanding subsections D, F and G of this section, an ambulance service may provide gratuitous services if an ambulance is dispatched and the patient subsequently declines to be treated or transported.

### **36-2240. Fees**

Fees not to exceed the following amounts shall be paid by the owner of an ambulance service to the department for deposit in the state general fund to be available for legislative appropriation in order to carry out the provisions of this chapter:

1. One hundred dollars upon filing an application for a certificate of necessity.
2. Fifty dollars upon filing an application to amend, transfer or renew a certificate of necessity.
3. For the issuance of an initial certificate of necessity, two hundred dollars for each ambulance proposed to be operated by the ambulance service to which the certificate is granted.
4. An annual regulatory fee of two hundred dollars for each ambulance issued a certificate of registration pursuant to section 36-2212, to be collected at the same time as the certificate of registration fee imposed by section 36-2212.

### **36-2241. Required records; inspection by the department**

A. Pursuant to rules adopted by the director, an owner of an ambulance service shall maintain and keep within this state reasonable records, books and other data the director requires to enforce the provisions of this article. These records, books and other data shall not be destroyed for a period of three years after they are recorded. The records, books and other data shall be open to inspection by the department during

reasonable office hours if the department is conducting an investigation into the operation of an ambulance service pursuant to section 36-2245.

- B. If the director is holding a public rate increase hearing pursuant to section 36-2234, the department may inspect the records, books and other data to verify the truth and accuracy of these documents. The department shall conduct the inspection of these documents for a rate increase hearing only during reasonable office hours and only after giving the service at least one working day's notice.
- C. If an audit is required, the department shall accept a certified audit that is performed by an independent auditor at the provider's expense in place of a department audit if the audit:
  - 1. Is conducted in accordance with generally accepted auditing standards.
  - 2. Includes findings regarding the ambulance service's compliance with the schedule of rates and charges approved by the director.
  - 3. Is completed and forwarded to the department in a timely manner.

**36-2242. Temporary authority to operate in urgent circumstances; application; application to provide permanent service**

- A. If the director determines that there is an immediate and urgent need for service to one or more points or within an area lacking adequate ambulance service, the director may, at his discretion and without a hearing or other proceeding, grant an ambulance service temporary authority to provide the needed service. The temporary authority is valid for the period specified by the director, not to exceed ninety days, and may not be renewed.
- B. An applicant for temporary authority pursuant to this section shall submit to the director a verified written statement setting forth the circumstances of the immediate and urgent need for service. The director shall prescribe a temporary schedule of rates and charges which shall not exceed rates and charges established by the director for similar services.
- C. The department may make an independent investigation to determine whether there is an immediate and urgent need for the authority requested.
- D. During the period of temporary authority, a person granted temporary authority shall file an application for a certificate of necessity to conduct the service if he intends to continue the service after the temporary authority expires. A grant of temporary authority pursuant to this section does not create a presumption that permanent authority for the service should be granted.

**36-2243. Interagency service agreement**

The department may enter into an interagency service agreement with the department of transportation pursuant to section 35-148 to implement the provisions of this chapter.

**36-2244. Legal action for enforcement**

The department may institute and maintain in the name of this state an action to enforce this article or any rule adopted pursuant to this article by mandatory injunction or other appropriate remedy.

**36-2245. Investigations; dispute resolution; informal interviews; hearings; stipulations; judicial review; civil penalty**

- A. The department may conduct an investigation into the operation of ambulances and ambulance services.
- B. Proceedings under this section may be initiated by the department.
- C. If the department receives a written and signed statement of dissatisfaction or dispute of charges or any matter relating to the regulation of ambulance services, the customer is deemed to have filed an informal complaint against the ambulance service. Within fifteen days of receipt of the complaint, a designated representative of the department shall inform the ambulance service that an informal complaint has been filed, state the nature of the allegations made, specify the purported rule violation and identify specific records relating to the purported rule violation that the ambulance service shall provide to the department. The ambulance service shall comply with the request for records in a timely manner.
- D. Within forty-five days of receipt of the records, the department shall determine if the complaint is nonsubstantive or substantive.
- E. If the department determines that a complaint filed pursuant to this section is nonsubstantive, it shall render a written decision to all parties within five days of that determination. The complainant may make a formal complaint to the department if the complainant disagrees with the department's decision. If the nonsubstantive complaint involves rates and charges, a designated representative of the department shall attempt to resolve the dispute by correspondence or telephone with the ambulance service and the customer.
- F. If the department determines that a complaint filed pursuant to this section is substantive, the complaint becomes a formal complaint. The department shall inform the ambulance service that the initial investigation was substantive in nature and may warrant action pursuant to this article. The department shall inform the ambulance service of the specific rule violation and shall allow the ambulance service thirty days to answer the complaint in writing.
- G. The department may issue a written request for an informal interview with the ambulance service if the department believes that the evidence indicates that grounds for action exist. The request shall state the reasons for the interview and shall schedule an interview at least ten days from the date that the department sends the request for an interview.
- H. If the department determines that evidence warrants action or if the ambulance service refuses to attend the informal interview, the director shall institute formal proceedings and hold a hearing pursuant to title 41, chapter 6, article 10.
- I. If the department believes that a lesser disciplinary action is appropriate, the department may enter into a stipulated agreement with the ambulance service. This stipulation may include a civil penalty as provided under subsection J of this section.
- J. In addition to other disciplinary action provided under this section, the director may impose a civil penalty of not more than three hundred fifty dollars for each violation of this chapter that constitutes grounds to suspend or revoke a certificate of necessity. This penalty shall not exceed fifteen thousand dollars. Each day that a violation occurs constitutes a separate offense. The director shall deposit, pursuant to sections 35-146 and 35-147, all monies collected under this subsection in the emergency medical services operating fund established under section 36-2218.

- K. The director may suspend a certificate of necessity without holding a hearing if the director determines that the certificate holder has failed to pay a civil penalty imposed under this section. The director shall reinstate the certificate of necessity when the certificate holder pays the penalty in full.
- L. Except as provided in section 41-1092.08, subsection H, a final decision of the department pursuant to this section is subject to judicial review pursuant to title 12, chapter 7, article 6.
- M. Information, documents and records received by the department or prepared by the department in connection with an investigation that is conducted pursuant to this article and that relates to emergency medical care technicians are confidential and are not subject to public inspection or civil discovery. When the investigation has been completed and the investigation file has been closed, the results of the investigation and the decision of the department shall be available to the public.

**36-2246. Fire districts; rural ambulance services; request for information; format**

- A. The department shall implement a format to govern its requests for information from each fire district that holds a certificate of necessity to operate an ambulance service under this chapter that substantially conforms to the annual report prescribed by section 48-251.
- B. The department's request for financial information from each fire district that holds a certificate of necessity to operate an ambulance service under this chapter shall substantially conform to the accounting method prescribed by section 48-251.
- C. The department's request for information from each rural ambulance service that holds a certificate of necessity under this chapter shall include the minimum information the department requires under section 36-2232, subsection A, paragraphs 5 and 6.

## **Article 3 Automated External Defibrillators**

### **36-2261. Definitions**

In this article, unless the context otherwise requires:

1. "Automated external defibrillator" means a medical device heart monitor and defibrillator that:
  - (a) Is approved for premarket modification by the United States food and drug administration pursuant to 21 United States Code section 360(k).
  - (b) Is capable of recognizing the presence or absence of ventricular fibrillation or rapid ventricular tachycardia and is capable of determining, without intervention by an operator, if defibrillation should be performed.
  - (c) Automatically charges and delivers an electrical impulse to a person's heart when it determines that defibrillation should be performed.
2. "Defibrillation" means the administration of a controlled electrical charge to the heart to restore a viable cardiac rhythm.
3. "Physician" means a physician who is licensed pursuant to title 32, chapter 13 or 17, and who provides medical oversight services pursuant to section 36-2262.
4. "Trained user" means a person who is the expected user of an automated external defibrillator and who has completed training in its use.
5. "Training" means a state approved course in cardiopulmonary resuscitation and the use of an automated external defibrillator for the lay rescuer and first responder, including the course adopted by the American heart association and in effect as of December 31, 1998.

### **36-2262. Automated external defibrillators; use; requirements**

Except as provided in section 36-2264, a person or entity that acquires an automated external defibrillator shall:

1. Enter into an agreement with a physician who shall oversee the aspects of public access to defibrillation.
2. Require each trained user who uses an automated external defibrillator on a person in cardiac arrest to call telephone number 911 as soon as possible.
3. Submit a written report to the bureau of emergency medical services and trauma systems in the department of health services within five working days after its use.
4. Ensure that the automated external defibrillator is maintained in good working order and tested according to the manufacturer's guidelines.

### **36-2263. Civil liability; limited immunity; good Samaritan**

A. The following persons and entities are not subject to civil liability for any personal injury that results from any act or omission that does not amount to wilful misconduct or gross negligence:

1. A physician who provides oversight.

2. A person or entity that provides training in cardiopulmonary resuscitation and use of an automated external defibrillator.
  3. A person or entity that acquires an automated external defibrillator pursuant to this article.
  4. The owner of the property or facility where the automated external defibrillator is located.
  5. A person or entity that provides the automated external defibrillator pursuant to this article.
  6. A nonprofit entity that, in the placement of an automated external defibrillator pursuant to this article, acts as an intermediary between the provider of an automated external defibrillator and the person or entity that acquired the automated external defibrillator or the owner of the property or facility where the automated external defibrillator is located.
  7. A good Samaritan. For the purposes of this paragraph, "good Samaritan" means a person who uses an automated external defibrillator to render emergency care or assistance in good faith and without compensation at the scene of any accident, fire or other life-threatening emergency.
  8. A trained user.
- B. The exception from civil liability provided in subsection A does not affect a manufacturer's product liability regarding the design, manufacturing or instructions for use and maintenance of an automated external defibrillator.

**36-2264. Exemption from regulation**

- A. A person who obtains an automated external defibrillator for home use pursuant to a physician's prescription is exempt from the requirements of this article.
- B. A person who is employed as a firefighter, emergency medical care technician or ambulance attendant by a fire district established pursuant to title 48, chapter 5 is exempt from the requirements of this article.
- C. A person who is employed as a firefighter, emergency medical care technician or ambulance attendant by a public or private fire department or an ambulance service regulated by this chapter is exempt from the requirements of this article.

# **“RULES” (Arizona Administrative Code) (“A.A.C.”)**

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## **ARTICLE 1. DEFINITIONS**

### **R9-25-101. Definitions (Authorized by A.R.S. §§ 36-2201, 36-2202, 36-2204, and 36-2205)**

In addition to the definitions in A.R.S. § 36-2201, the following definitions apply in this Chapter, unless otherwise specified:

1. “Administer” or “administration” means to directly apply or the direct application of an agent to the body of a patient by injection, inhalation, ingestion, or any other means and includes adjusting the administration rate of an agent.
2. “AEMT” has the same meaning as “advanced emergency medical technician” in A.R.S. § 36-2201.
3. “Agent” means a chemical or biological substance that is administered to a patient to treat or prevent a medical condition.
4. “ALS” has the same meaning as “advanced life support” in A.R.S. § 36-2201.
5. “ALS base hospital” has the same meaning as “advanced life support base hospital” in A.R.S. § 36-2201.
6. “Applicant” means a person requesting certification, licensure, approval, or designation from the Department under this Chapter.
7. “Chain of custody” means the transfer of physical control of and accountability for an item from one individual to another individual, documented to indicate the:
  - a. Date and time of the transfer,
  - b. Integrity of the item transferred, and
  - c. Signatures of the individual relinquishing and the individual accepting physical control of and accountability for the item.
8. “Chief administrative officer” means:
  - a. For a hospital, the same as in A.A.C. R9-10-101; and
  - b. For a training program, an individual assigned to act on behalf of the training program by the body organized to govern and manage the training program.
9. “Clinical training” means experience and instruction in providing direct patient care in a health care institution.
10. “Controlled substance” has the same meaning as in A.R.S. § 32-1901.
11. “Course” means didactic instruction and, if applicable, hands-on practical skills training, clinical training, or field training provided by a training program to prepare an individual to become or remain an EMCT.
12. “Course session” means an offering of a course, during a period of time designated by a training program certificate holder, for a specific group of students.
13. “Current” means up-to-date and extending to the present time.
14. “Day” means a calendar day.

15. “Document” or “documentation” means signed and dated information in written, photographic, electronic, or other permanent form.
16. “Drug” has the same meaning as in A.R.S. § 32-1901.
17. “Electronic signature” has the same meaning as in A.R.S. § 44-7002.
18. “EMCT” has the same meaning as “emergency medical care technician” in A.R.S. § 36-2201.
19. “EMT” has the same meaning as “emergency medical technician” in A.R.S. § 36-2201.
20. “EMT-I(99)” means an individual, other than a Paramedic, who:
  - a. Was certified as an EMCT by the Department before January 28, 2013 to perform ALS, and
  - b. Has continuously maintained the certification.
21. “EMS” has the same meaning as “emergency medical services” subsections (17)(a) through (d) in A.R.S. § 36-2201.
22. “Field training” means emergency medical services experience and training outside of a health care institution or a training program facility.
23. “General hospital” has the same meaning as in A.A.C. R9-10-101.
24. “Health care institution” has the same meaning as in A.R.S. § 36-401.
25. “Hospital” has the same meaning as in A.A.C. R9-10-101.
26. “In use” means in the immediate physical possession of an EMCT and readily accessible for potential imminent administration to a patient.
27. “Infusion pump” means a device approved by the U.S. Food and Drug Administration that, when operated mechanically, electrically, or osmotically, releases a measured amount of an agent into a patient’s circulatory system in a specific period of time.
28. “Interfacility transport” means an ambulance transport of a patient from one health care institution to another health care institution.
29. “IV” means intravenous.
30. “Locked” means secured with a key, including a magnetic, electronic, or remote key, or combination so that opening is not possible except by using the key or entering the combination.
31. “Medical direction” means administrative medical direction or on-line medical direction.
32. “Medical record” has the same meaning as in A.R.S. § 36-2201.
33. “Minor” means an individual younger than 18 years of age who is not emancipated.
34. “Monitor” means to observe the administration rate of an agent and the patient’s response to the agent and may include discontinuing administration of the agent.

35. "On-line medical direction" means emergency medical services guidance or information provided to an EMCT by a physician through two-way voice communication.
36. "Patient" means an individual who is sick, injured, or wounded and who requires medical monitoring, medical treatment, or transport.
37. "Pediatric" means pertaining to a child.
38. "Person" has the same meaning as in A.R.S. § 1-215 and includes governmental agencies.
39. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
40. "Practical nurse" has the same meaning as in A.R.S. § 32-1601.
41. "Practicing emergency medicine" means acting as an emergency medicine physician in a hospital emergency department.
42. "Prehospital incident history report" has the same meaning as in A.R.S. § 36-2220.
43. "Refresher challenge examination" means a test given to an individual to assess the individual's knowledge, skills, and competencies compared with the national education standards established for the applicable EMCT classification level.
44. "Refresher course" means a course intended to reinforce and update the knowledge, skills, and competencies of an individual who has previously met the national educational standards for a specific level of EMS personnel.
45. "Registered nurse" has the same meaning as in A.R.S. § 32-1601.
46. "Registered nurse practitioner" has the same meaning as in A.R.S. § 32-1601.
47. "Scene" means the location of the patient to be transported or the closest point to the patient at which an ambulance can arrive.
48. "Special hospital" has the same meaning as in A.A.C. R9-10-101.
49. "STR skill" means "Specialty Training Requirement skill," a medical treatment, procedure, or technique or administration of a medication for which an EMCT needs specific training beyond the training required in 9 A.A.C. 25, Article 4 in order to perform or administer.
50. "Transfer of care" means to relinquish to the control of another person the ongoing medical treatment of a patient.
51. "Transport agent" means an agent that an EMCT at a specified level of certification is authorized to administer only during interfacility transport of a patient for whom the agent's administration was started at the sending health care institution.

**R9-25-102. Individuals to Act for a Person Regulated Under This Chapter (Authorized by A.R.S. § 36-2202)**

When a person regulated under this Chapter is required by this Chapter to provide information on or sign an application form or other document, the following individual shall satisfy the requirement on behalf of the person regulated under this Chapter:

1. If the person regulated under this Chapter is an individual, the individual; or
2. If the person regulated under this Chapter is a business organization, political subdivision, government agency, or tribal government, the individual who the business organization, political subdivision, government agency, or tribal government has designated to act on behalf of the business organization, political subdivision, government agency, or tribal government and who:
  - a. Is a U.S. citizen or legal resident, and
  - b. Has an Arizona address.

## **ARTICLE 2. MEDICAL DIRECTION; ALS BASE HOSPITAL CERTIFICATION**

### **R9-25-201. Administrative Medical Direction (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (D))**

**A.** An emergency medical services provider or ambulance service shall:

1. Except as specified in subsection (B) or (C), designate a physician as administrative medical director who meets one of the following:
  - a. Has emergency medicine certification issued by a member board of the American Board of Medical Specialties;
  - b. Has emergency medical services certification issued by the American Board of Emergency Medicine;
  - c. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
  - d. Is an emergency medicine physician in an emergency department located in Arizona and has current certification in:
    - i. Advanced emergency cardiac life support that includes didactic instruction and a practical skills test, consistent with training recognized by the American Heart Association, in:
      - (1) Airway management during respiratory arrest;
      - (2) Recognition of tachycardia, bradycardia, pulseless ventricular tachycardia, ventricular fibrillation, pulseless electrical activity, and asystole;
      - (3) Pharmacologic, mechanical, and electrical arrhythmia interventions; and
      - (4) Immediate post-cardiac arrest care;
    - ii. Advanced trauma life support recognized by the American College of Surgeons; and
    - iii. Pediatric advanced life support that includes didactic instruction and a practical skills test, consistent with training recognized by the American Heart Association, in:
      - (1) Pediatric rhythm interpretation;
      - (2) Oral, tracheal, and nasal airway management;
      - (3) Peripheral and central intravenous lines;
      - (4) Intraosseous infusion;
      - (5) Needle thoracostomy; and
      - (6) Pharmacologic, mechanical, and electrical arrhythmia interventions;

2. If the emergency medical services provider or ambulance service designates a physician as administrative director according to subsection (A)(1), notify the Department in writing:
    - a. Of the identity and qualifications of the designated physician within 10 days after designating the physician as administrative medical director; and
    - b. Within 10 days after learning that a physician designated as administrative director is no longer qualified to be an administrative director; and
  3. Maintain for Department review:
    - a. A copy of the policies, procedures, protocols, and documentation required in subsection (E); and
    - b. Either:
      - i. The name, e-mail address, telephone number, and qualifications of the physician providing administrative medical direction on behalf of the emergency medical services provider or ambulance service; or
      - ii. If the emergency medical services provider or ambulance service provides administrative medical direction through an ALS base hospital or a centralized medical direction communications center, a copy of a written agreement with the ALS base hospital or centralized medical direction communications center documenting that the administrative medical director is qualified under subsection (A)(1).
- B.** Except as provided in R9-25-502(A)(3), if an emergency medical services provider or ambulance service provides only BLS, the emergency medical services provider or ambulance service is not required to have an administrative medical director.
- C.** If an emergency medical services provider or ambulance service provides administrative medical direction through an ALS base hospital or a centralized medical direction communications center, the emergency medical services provider or ambulance service shall ensure that the ALS base hospital or centralized medical direction communications center designates a physician as administrative medical director who meets one of the requirements in subsections (A)(1)(a) through (d).
- D.** An emergency medical services provider or ambulance service may provide administrative medical direction through an ALS base hospital that is a special hospital, if the emergency medical services provider or ambulance service:
1. Uses the ALS base hospital that is a special hospital for administrative medical direction only for patients who are children, and
  2. Has a written agreement with an ALS base hospital that meets the requirements in R9-25-203(B)(1) or a centralized medical direction communications center for the provision of administrative medical direction.

- E.** An emergency medical services provider or an ambulance service shall ensure that:
1. An EMCT receives administrative medical direction as required by A.R.S. Title 36, Chapter 21.1 and this Chapter;
  2. Protocols are established, documented, and implemented by an administrative medical director, consistent with A.R.S. Title 36, Chapter 21.1 and this Chapter, that include:
    - a. A communication protocol for:
      - i. How an EMCT requests and receives on-line medical direction,
      - ii. When and how an EMCT notifies a health care institution of the EMCT's intent to transport a patient to the health care institution, and
      - iii. What procedures an EMCT follows in the event of a communications equipment failure;
    - b. A triage protocol for:
      - i. How an EMCT assesses and prioritizes the medical condition of a patient,
      - ii. How an EMCT selects a health care institution to which a patient may be transported,
      - iii. How a patient is transported to the health care institution, and
      - iv. When on-line medical direction is required;
    - c. A treatment protocol for:
      - i. How an EMCT performs a medical treatment on a patient or administers an agent to a patient, and
      - ii. When on-line medical direction is required while an EMCT is providing treatment; and
    - d. A protocol for the transfer of information to the emergency receiving facility, including:
      - i. The information required to be communicated to emergency receiving facility staff upon transfer of care, including the condition of the patient, the treatment provided to the patient, and the patient's response to the treatment;
      - ii. The information required to be documented on a prehospital incident history report; and
      - iii. The time-frame, which is associated with the transfer of care, for completion of a prehospital incident history report;
  3. Policies and procedures are established, documented, and implemented by an administrative medical director, consistent with A.R.S. Title 36, Chapter 21.1 and this Chapter, that:
    - a. Are consistent with an EMCT's scope of practice, as specified in Table 5.1;
    - b. Cover:
      - i. Medical recordkeeping;

- ii. Medical reporting;
  - iii. Processing of prehospital incident history reports;
  - iv. Obtaining, storing, transferring, and disposing of agents to which an EMCT has access including methods to:
    - (1) Identify individuals authorized by the administrative medical director to have access to agents,
    - (2) Maintain chain of custody for controlled substances, and
    - (3) Minimize potential degradation of agents due to temperature extremes;
  - v. Administration, monitoring, or assisting in patient self-administration of an agent;
  - vi. Monitoring and evaluating an EMCT's compliance with treatment protocols, triage protocols, and communications protocols specified in subsection (E)(2);
  - vii. Monitoring and evaluating an EMCT's compliance with medical recordkeeping, medical reporting, and prehospital incident history report requirements;
  - viii. Monitoring and evaluating an EMCT's compliance with policies and procedures for agents to which the EMCT has access;
  - ix. Monitoring and evaluating an EMCT's competency in performing skills authorized for the EMCT by the EMCT's administrative medical director and within the EMCT's scope of practice, as specified in Table 5.1;
  - x. Ongoing education, training, or remediation necessary to maintain or enhance an EMCT's competency in performing skills within the EMCT's scope of practice, as specified in Table 5.1;
  - xi. The process by which administrative medical direction is withdrawn from an EMCT; and
  - xii. The process for reinstating an EMCT's administrative medical direction; and
- c. Include a quality assurance process to evaluate the effectiveness of the administrative medical direction provided to EMCTs;
- 4. Protocols in subsection (E)(2) and policies and procedures in subsection (E)(3) are reviewed annually by the administrative medical director and updated as necessary;
  - 5. Requirements in A.R.S. Title 36, Chapter 21.1 and this Chapter are reviewed annually by the administrative medical director; and
  - 6. The Department is notified in writing no later than ten days after the date:



- a. Administrative medical direction is withdrawn from an EMCT; or
  - b. An EMCT's administrative medical direction is reinstated.
- F.** An administrative medical director for an emergency medical services provider or ambulance service shall ensure that:
  - 1. An EMCT for whom the administrative medical director provides administrative medical direction:
    - a. Has access to at least the minimum supply of agents required for the highest level of service to be provided by the EMCT;
    - b. Administers, monitors, or assists in patient self-administration of an agent according to the requirements in policies and procedures; and
    - c. Has access to a copy of the policies and procedures required in subsection (F)(2) while on duty for the emergency medical services provider or ambulance service;
  - 2. Policies and procedures for agents to which an EMCT has access:
    - a. Specify that an agent is obtained only from a person:
      - i. Authorized by law to prescribe the agent, or
      - ii. Licensed under A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23 to dispense or distribute the agent;
    - b. Cover chain of custody and transfer procedures for each supply of agents, requiring an EMCT for whom the administrative medical director provides administrative medical direction to:
      - i. Document the name and the EMCT certification number or employee identification number of each individual who takes physical control of the supply of agents;
      - ii. Document the time and date that each individual takes physical control of the supply of agents;
      - iii. Inspect the supply of agents for expired agents, deteriorated agents, damaged or altered agent containers or labels, and depleted, visibly adulterated, or missing agents upon taking physical control of the supply of agents;
      - iv. Document any of the conditions in subsection (F)(2)(b)(iii);
      - v. Notify the administrative medical director of a depleted, visibly adulterated, or missing controlled substance;
      - vi. Obtain a replacement for each affected agent in subsection (F)(2)(b)(iii) for which the minimum supply is not present; and
      - vii. Record each administration of an agent on a prehospital incident history report;

- c. Cover mechanisms for controlling inventory of agents and preventing diversion of controlled substances; and
    - d. Include that an agent is kept inaccessible to all individuals who are not authorized access to the agent by policies and procedures required under subsection (E)(3)(b)(iv)(1) and, when not being administered, is:
      - i. Secured in a dry, clean, washable receptacle;
      - ii. While on a motor vehicle or aircraft, secured in a manner that restricts movement of the agent and the receptacle specified in subsection (F)(2)(d)(i); and
      - iii. If a controlled substance, in the receptacle specified in subsection (F)(2)(d)(i) and locked in an ambulance in a hard-shelled container that is difficult to breach without the use of a power cutting tool;
  - 3. The Department is notified in writing within 10 days after the administrative medical director receives notice, as required subsection (F)(2)(b)(v), that any quantity of a controlled substance is depleted, visibly adulterated, or missing; and
  - 4. Except when the emergency medical services provider or ambulance service obtains all agents from an ALS base hospital pharmacy, which retains ownership of the agents, agents to which an EMCT has access are obtained, stored, transferred, and disposed of according to policies and procedures; A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; 4 A.A.C. 23; and requirements of the U.S. Drug Enforcement Administration.
- G.** An administrative medical director may delegate responsibilities to an individual as necessary to fulfill the requirements in this Section, if the individual is:
- 1. Another physician,
  - 2. A physician assistant,
  - 3. A registered nurse practitioner,
  - 4. A registered nurse,
  - 5. A Paramedic, or
  - 6. An EMT-I(99).
- R9-25-202. On-line Medical Direction (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (D))**
- A.** An emergency medical services provider or ambulance service shall:
- 1. Ensure that a physician provides on-line medical direction to EMCTs on behalf of the emergency medical services provider or ambulance service only if the physician meets one of the following:
    - a. Has emergency medicine certification issued by a member board of the American Board of Medical Specialties;

- b. Has emergency medical services certification issued by the American Board of Emergency Medicine;
    - c. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
    - d. Is an emergency medicine physician in an emergency department located in Arizona and has current certification that meets the requirements in R9-25-201(A)(1)(d)(i) through (iii);
  - 2. For each physician providing on-line medical direction on behalf of the emergency medical services provider or ambulance service, maintain for Department review either:
    - a. The name, e-mail address, telephone number, and qualifications of the physician providing on-line medical direction on behalf of the emergency medical services provider or ambulance service; or
    - b. If the emergency medical services provider or ambulance service provides on-line medical direction through an ALS base hospital or a centralized medical direction communications center, a copy of a written agreement with the ALS base hospital or centralized medical direction communications center documenting that the physician providing on-line medical direction is qualified under subsection (A)(1);
  - 3. Ensure that the on-line medical direction provided to an EMCT on behalf of the emergency medical services provider or ambulance service is consistent with:
    - a. The EMCT's scope of practice, as specified in Table 5.1; and
    - b. Communication protocols, triage protocols, treatment protocols, and protocols for prehospital incident history reports, specified in R9-25-201(E)(2); and
  - 4. Ensures that a physician providing on-line medical direction on behalf of the emergency medical services provider or ambulance service relays on-line medical direction only through one of the following individuals, under the supervision of the physician and consistent with the individual's scope of practice:
    - a. Another physician,
    - b. A physician assistant,
    - c. A registered nurse practitioner,
    - d. A registered nurse,
    - e. A Paramedic, or
    - f. An EMT-I(99).
- B.** An emergency medical services provider or ambulance service may provide on-line medical direction through an ALS base hospital that is a special hospital, if the emergency medical services provider or ambulance service:

1. Uses the ALS base hospital that is a special hospital for on-line medical direction only for patients who are children, and
  2. Has a written agreement with an ALS base hospital that meets the requirements in R9-25-203(B)(1) or a centralized medical direction communications center for the provision of on-line medical direction.
- C.** An emergency medical services provider or ambulance service shall ensure that the emergency medical services provider or ambulance service, or an ALS base hospital or a centralized medical direction communications center providing on-line medical direction on behalf of the emergency medical services provider or ambulance service, has:
1. Operational and accessible communication equipment that will allow on-line medical direction to be given to an EMCT;
  2. A written plan for alternative communications with an EMCT in the event of a disaster, communication equipment breakdown or repair, power outage, or malfunction; and
  3. A physician qualified under subsection (A)(1) available to give on-line medical direction to an EMCT 24 hours a day, seven days a week.
- R9-25-203. ALS Base Hospital General Requirements (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5), (6), and (7))**
- A.** A person shall not operate as an ALS base hospital without certification from the Department.
- B.** The Department shall certify an ALS base hospital if the applicant:
1. Is:
    - a. Licensed as a general hospital under 9 A.A.C. 10, Article 2; or
    - b. A facility operated as a hospital in this state by the United States federal government or by a sovereign tribal nation;
  2. Maintains at least one current written agreement described in A.R.S. § 36-2201(4);
  3. Has not been decertified as an ALS base hospital by the Department within five years before submitting the application;
  4. Submits an application that is complete and compliant with the requirements in this Article; and
  5. Has not knowingly provided false information on or with an application required by this Article.
- C.** The Department may certify as an ALS base hospital a special hospital, which is licensed under 9 A.A.C. 10, Article 2 and provides surgical services and emergency services only to children, if the applicant:
1. Meets the requirements in subsection (B)(2) through (5), and
  2. Provides administrative medical direction or on-line medical direction only for patients who are children.

- D.** An ALS base hospital certificate is valid only for the name and address listed by the Department on the certificate.
- E.** At least every 24 months after certification, the Department shall inspect, according to A.R.S. § 41-1009, an ALS base hospital to determine ongoing compliance with the requirements of this Article.
- F.** The Department may inspect an ALS base hospital according to A.R.S. § 41-1009:
  - 1. As part of the substantive review time-frame required in A.R.S. §§ 41-1072 through 41-1079; or
  - 2. As necessary to determine compliance with the requirements of this Article.

**R9-25-204. Application Requirements for ALS Base Hospital Certification (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5))**

- A.** An applicant for ALS base hospital certification shall submit to the Department an application, in a Department-provided format, including:
  - 1. A form containing:
    - a. The applicant's name, address, and telephone number;
    - b. The name, email address, and telephone number of the applicant's chief administrative officer;
    - c. The name, email address, and telephone number of the applicant's chief administrative officer's designee if the chief administrative officer will not be the liaison between the ALS base hospital and the Department;
    - d. Whether the applicant is applying for certification of a:
      - i. General hospital licensed under 9 A.A.C. 10, Article 2;
      - ii. Special hospital licensed under 9 A.A.C. 10, Article 2, that provides surgical services and emergency services only to children; or
      - iii. Facility operating as a federal or tribal hospital;
    - e. The name of each emergency medical services provider or ambulance service for which the applicant has a current written agreement described in A.R.S. § 36-2201(4);
    - f. The name, address, email address, and telephone number of each administrative medical director;
    - g. The name of each physician providing on-line medical direction;
    - h. Attestation that the applicant meets the requirements in R9-25-202(C);
    - i. Attestation that the applicant will comply with all requirements in A.R.S. Title 36, Chapter 21.1 and this Chapter;
    - j. Attestation that all information required as part of the application has been submitted and is true and accurate; and
    - k. The signature or electronic signature of the applicant's chief administrative officer

or the chief administrative officer's designated representative and date of signature or electronic signature;

2. A copy of the applicant's current hospital license issued under 9 A.A.C. 10, Article 2, if applicable; and
3. A copy of each executed written agreement described in A.R.S. § 36-2201(4), including all attachments and exhibits.

**B.** The Department shall approve or deny an application under this Section according to Article 12 of this Chapter.

**R9-25-205. Changes Affecting an ALS Base Hospital Certificate (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5) and (6))**

- A.** No later than 10 days after the date of a change in the name listed on the ALS base hospital certificate, an ALS base hospital certificate holder shall notify the Department of the change, in a Department-provided format, including:
1. The current name of the ALS base hospital;
  2. The ALS base hospital's certificate number;
  3. The new name and the effective date of the name change;
  4. Documentation supporting the name change;
  5. Documentation of compliance with the requirements in A.A.C. R9-10-109(A), if applicable;
  6. Attestation that all information submitted to the Department is true and correct; and
  7. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- B.** No later than 10 days after the date of a change in the address listed on an ALS base hospital certificate or a change in ownership, as defined in A.A.C. R9-10-101, an ALS base hospital certificate holder shall submit to the Department an application required in R9-25-204(A).

**R9-25-206. ALS Base Hospital Authority and Responsibilities (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5) and (6), 36-2208(A), and 36-2209(A)(2))**

- A.** An ALS base hospital certificate holder shall:
1. Have the capability of providing both administrative medical direction and on-line medical direction;
  2. Provide administrative medical direction and on-line medical direction to an EMCT according to:
    - a. A written agreement described in A.R.S. § 36-2201(4);
    - b. Except as provided in subsection (D), the requirements in R9-25-201 for administrative medical direction; and
    - c. The requirements in R9-25-202 for on-line medical direction; and

3. Ensure that personnel are available to provide administrative medical direction and on-line medical direction.
- B.** No later than 10 days after the date of a change in an administrative medical director listed on the ALS base hospital's application, as required in R9-25-204(A)(1)(f), an ALS base hospital certificate holder shall notify the Department of the change, in a Department-provided format, including:
1. The name of the ALS base hospital,
  2. The ALS base hospital's certificate number,
  3. The name of the new administrative medical director and the effective date of the change,
  4. Attestation that the new administrative medical director meets the requirements in R9-25-201(A)(1),
  5. Attestation that all information submitted to the Department is true and correct, and
  6. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- C.** An ALS base hospital certificate holder shall:
1. Notify the Department in writing no later than 24 hours after ceasing to meet the requirement in:
    - a. R9-25-203(B)(1) or (2); or
    - b. For a special hospital, R9-25-203(B)(2) or (C); and
  2. No later than 48 hours after terminating, adding, or amending a written agreement required in R9-25-203(B)(2), notify the Department in writing and, if applicable, submit to the Department a copy of the new or amended written agreement described in A.R.S. § 36-2201(4).
- D.** An ALS base hospital may act as a training program without training program certification from the Department, if the ALS base hospital:
1. Is eligible for training program certification as provided in R9-25-301(C); and
  2. Complies with the requirements in R9-25-301(D), R9-25-302, R9-25-303(B), (C), and (F), and R9-25-304 through R9-25-306.
- E.** If an ALS base hospital's pharmacy provides all of the agents for an emergency medical services provider or ambulance service, and the ALS base hospital owns the agents provided, the ALS base hospital's certificate holder shall ensure that:
1. Except as stated in subsections (E)(2) and (3), the policies and procedures for agents to which an EMCT has access that are established by the administrative medical director for the emergency medical services provider or ambulance service comply with requirements in R9-25-201(F)(2);
  2. The emergency medical services provider or ambulance service requires an EMCT for the

emergency medical services provider or ambulance service to notify the pharmacist in charge of the hospital pharmacy of a missing, visibly adulterated, or depleted controlled substance; and

3. The pharmacist in charge of the hospital pharmacy notifies the Department, as specified in R9-25-201(F)(3), of a missing, visibly adulterated, or depleted controlled substance.

**R9-25-207. ALS Base Hospital Enforcement Actions (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(7))**

- A.** The Department may take an action listed in subsection (B) against an ALS base hospital certificate holder who:
1. Does not meet the certification requirements in R9-25-203(B)(1) or (2) or (C);
  2. Violates the requirements in A.R.S. Title 36, Chapter 21.1 or 9 A.A.C. 25; or
  3. Knowingly or negligently provides false documentation or information to the Department.
- B.** The Department may take the following action against an ALS base hospital certificate holder:
1. After notice is provided according to A.R.S. Title 41, Chapter 6, Article 10, issue a letter of censure,
  2. After notice is provided according to A.R.S. Title 41, Chapter 6, Article 10, issue an order of probation,
  3. After notice and an opportunity to be heard is provided according to A.R.S. Title 41, Chapter 6, Article 10, suspend the ALS base hospital certificate, or
  4. After notice and an opportunity to be heard is provided according to A.R.S. Title 41, Chapter 6, Article 10, decertify the ALS base hospital.

**R9-25-208. Renumbered**

**R9-25-209. Renumbered**

**R9-25-210. Renumbered**

**R9-25-211. Renumbered**



### **ARTICLE 3. TRAINING PROGRAMS**

#### **R9-25-301. Definitions; Application for Certification (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))**

- A.** To apply for certification as a training program, an applicant shall submit an application to the Department, in a Department-provided format, including:
1. The applicant's name, address, and telephone number;
  2. The name, telephone number, and e-mail address of the applicant's chief administrative officer;
  3. The name of each course the applicant plans to provide;
  4. Attestation that the applicant has the equipment and facilities that meet the requirements established according to A.R.S. § 36-2204 and available through the Department at [www.azdhs.gov](http://www.azdhs.gov) for the courses specified in subsection (A)(3);
  5. The name, telephone number, and e-mail address of the training program medical director;
  6. The name, telephone number, and e-mail address of the training program director;
  7. Attestation that the applicant will comply with all requirements in A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25;
  8. Attestation that all information required as part of the application has been submitted and is true and accurate; and
  9. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- B.** An applicant may submit to the Department a copy of an accreditation report if the applicant is currently accredited by a national accrediting organization.
- C.** The Department shall certify a training program if the applicant:
1. Has not operated a training program that has been decertified by the Department within five years before submitting the application,
  2. Submits an application that is complete and compliant with requirements in this Article, and
  3. Has not knowingly provided false information on or with an application required by this Article.
- D.** The Department, according to A.R.S. § 41-1009:
1. Shall assess a training program at least once every 24 months after certification to determine ongoing compliance with the requirements of this Article; and
  2. May inspect a training program:
    - a. As part of the substantive review time-frame required in A.R.S. §§ 41-1072 through 41-1079, or
    - b. As necessary to determine compliance with the requirements of this Article.

**E.** The Department shall approve or deny an application under this Article according to Article 12 of this Chapter.

**F.** A training program certificate is valid only for the name of the training program certificate holder and the courses listed by the Department on the certificate and may not be transferred to another person.

**R9-25-302. Administration (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))**

**A.** A training program certificate holder shall ensure that a training program medical director:

1. Is a physician or exempt from physician licensing requirements under A.R.S. §§ 32-1421(A)(7) or 32-1821(3);
2. Meets one of the following:
  - a. Has emergency medicine certification issued by a member board of the American Board of Medical Specialties,
  - b. Has emergency medical services certification issued by the American Board of Emergency Medicine,
  - c. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association, or
  - d. Is an emergency medicine physician in an emergency department located in Arizona and has current certification that meets the requirements in R9-25-201(A)(1)(d)(i) through (iii); and
3. Before the start date of a course session, reviews the course content outline and final examinations to ensure consistency with the national educational standards for the applicable EMCT classification level.

**B.** A training program certificate holder shall ensure that a training program director:

1. Is one of the following:
  - a. A physician with at least two years of experience providing emergency medical services as a physician;
  - b. A doctor of allopathic medicine or osteopathic medicine licensed in another state or jurisdiction with at least two years of experience providing emergency medical services as a doctor of allopathic medicine or osteopathic medicine;
  - c. An individual who meets the definition of registered nurse in A.R.S. § 32-1601 with at least two years of experience providing emergency medical services as a registered nurse;
  - d. A physician assistant with at least two years of experience providing emergency medical services as a physician assistant; or
  - e. An EMCT with at least two years of experience at that classification of EMCT, only

for courses to prepare an individual for certification or recertification at the same or lower level of EMCT;

2. Has completed 24 hours of training related to instructional methodology including:
  - a. Organizing and preparing materials for didactic instruction, clinical training, field training, and skills practice;
  - b. Preparing and administering tests and practical examinations;
  - c. Using equipment and supplies;
  - d. Measuring student performance;
  - e. Evaluating student performance;
  - f. Providing corrective feedback; and
  - g. Evaluating course effectiveness;
3. Supervises the day-to-day operation of the courses offered by the training program;
4. Supervises and evaluates the lead instructor for a course session;
5. Monitors the training provided by all preceptors providing clinical training or field training; and
6. Does not participate as a student in a course session, take a refresher challenge examination, or receive a certificate of completion for a course given by the training program.

**C.** A training program certificate holder shall:

1. Maintain with an insurance company authorized to transact business in this state:
  - a. A minimum single claim professional liability insurance coverage of \$500,000, and
  - b. A minimum single claim general liability insurance coverage of \$500,000 for the operation of the training program; or
2. Be self-insured for the amounts in subsection (C)(1).

**D.** A training program certificate holder shall ensure that policies and procedures are:

1. Established, documented, and implemented covering:
  - a. Student enrollment, including verification that a student has proficiency in reading at the 9th grade level and meets all course admission requirements;
  - b. Maintenance of student records and medical records, including compliance with all applicable state and federal laws governing confidentiality, privacy, and security; and
  - c. For each course offered:
    - i. Student attendance requirements, including leave, absences, make-up work, tardiness, and causes for suspending or expelling a student for unsatisfactory attendance;
    - ii. Grading criteria, including the minimum grade average considered satisfactory for continued enrollment and standards for suspending or

- expelling a student for unsatisfactory grades;
- iii. Administration of final examinations; and
- iv. Student conduct, including causes for suspending or expelling a student for unsatisfactory conduct;
- 2. Reviewed annually and updated as necessary; and
- 3. Maintained on the premises and provided to the Department at the Department's request.

**R9-25-303. Changes Affecting a Training Program Certificate (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))**

- A.** No later than 10 days after a change in the name, address, or e-mail address of the training program certificate holder listed on a training program certificate, the training program certificate holder shall notify the Department of the change, in a Department-provided format, including:
  - 1. The current name, address, and e-mail address of the training program certificate holder;
  - 2. The certificate number for the training program;
  - 3. The new name, new address, or new e-mail address and the date of the name, address, or e-mail address change;
  - 4. If applicable, attestation that the training program certificate holder has insurance required in R9-25-302(C) that is valid for the new name or new address;
  - 5. Attestation that all information submitted to the Department is true and correct; and
  - 6. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- B.** No later than 10 days after a change in the training program medical director or training program director, a training program certificate holder shall notify the Department, in a Department-provided format, including:
  - 1. The name and address of the training program certificate holder;
  - 2. The certificate number for the training program;
  - 3. The name, telephone number, and e-mail address of the new training program medical director or training program director and the date of the change; and
  - 4. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- C.** A training program certificate holder that intends to add a course shall submit to the Department a request for approval, in a Department-provided format, including:
  - 1. The name and address of the training program certificate holder;
  - 2. The certificate number for the training program;
  - 3. The name, telephone number, and e-mail address of the applicant's chief administrative

officer;

4. The name of each course the training program certificate holder plans to add;
  5. Attestation that the training program certificate holder has the equipment and facilities that meet the requirements established according to A.R.S. § 36-2204 and available through the Department at [www.azdhs.gov](http://www.azdhs.gov) for the courses specified in subsection (C)(4);
  6. Attestation that all information required as part of the request is true and accurate; and
  7. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- D.** For notification made under subsection (A) of a change in the name or address of a certificate holder, the Department shall issue an amended certificate to the training program certificate holder that incorporates the new name or address but retains the date on the current certificate.
- E.** The Department shall approve or deny a request for the addition of a course in subsection (C) according to Article 12 of this Chapter.
- F.** A training program certificate holder shall not conduct a course until an amended certificate is issued by the Department.

**R9-25-304. Course and Examination Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1), (2), and (3))**

- A.** For each course provided, a training program director shall ensure that:
1. The required equipment and facilities established for the course are available for use;
  2. The following are prepared and provided to course applicants before the start date of a course session:
    - a. A description of requirements for admission, course content, course hours, course fees, and course completion, including whether the course prepares a student for:
      - i. A national certification organization examination for the specific EMCT classification level,
      - ii. A statewide standardized certification test under the state certification process, or
      - iii. Recertification at a specific EMCT classification level;
    - b. A list of books, equipment, and supplies that a student is required to purchase for the course;
    - c. Notification of eligibility for the course as specified in R9-25-305(B), (D)(1) and (2), or (F)(1) and (2), as applicable;
    - d. Notification of any specific requirements for a student to begin any component of the course, including, as applicable:
      - i. Prerequisite knowledge, skill, and abilities;

- ii. Physical examinations;
  - iii. Immunizations;
  - iv. Documentation of freedom from infectious tuberculosis;
  - v. Drug screening; and
  - vi. The ability to perform certain physical activities; and
- e. The policies for the course on student attendance, grading, student conduct, and administration of final examinations, required in R9-25-302(D)(1)(c)(i) through (iv);
- 3. Information is provided to assist a student to:
  - a. Register for and take an applicable national certification organization examination;
  - b. Complete application forms for registration in a national certification organization; and
  - c. Complete application forms for certification under 9 A.A.C. 25, Article 4;
- 4. A lead instructor is assigned to each course session who:
  - a. Is one of the following:
    - i. A physician with at least two years of experience providing emergency medical services;
    - ii. A doctor of allopathic medicine or osteopathic medicine licensed in another state or jurisdiction with at least two years of experience providing emergency medical services;
    - iii. An individual who meets the definition of registered nurse in A.R.S. § 32-1601 with at least two years of experience providing emergency medical services;
    - iv. A physician assistant with at least two years of experience providing emergency medical services; or
    - v. An EMCT with at least two years of experience at that classification of EMCT, only for courses to prepare an individual for certification or recertification at the same or lower EMCT classification level;
  - b. Has completed training related to instructional methodology specified in R9-25-302(B)(2);
  - c. Except as provided in subsection (A)(4)(d), is available for student-instructor interaction during all course hours established for the course session; and
  - d. Designates an individual who meets the requirements in subsections (A)(4)(a) and (b) to be present and act as the lead instructor when the lead instructor is not present; and
- 5. Clinical training and field training are provided:
  - a. Under the supervision of a preceptor who has at least two years of experience

providing emergency medical services and is one of the following:

- i. An individual licensed in this or another state or jurisdiction as a doctor of allopathic medicine or osteopathic medicine;
  - ii. An individual licensed in this or another state or jurisdiction as a registered nurse;
  - iii. An individual licensed in this or another state or jurisdiction as a physician assistant; or
  - iv. An EMCT, only for courses to prepare an individual for certification or recertification at the same or lower EMCT classification level;
- b. Consistent with the clinical training and field training requirements established for the course; and
  - c. If clinical training or field training are provided by a person other than the training program certificate holder, under a written agreement with the person providing the clinical training or field training that includes a termination clause that provides sufficient time for a student to complete the training upon termination of the written agreement.

**B.** A training program director may combine the students from more than one course session for didactic instruction.

**C.** For a final examination or refresher challenge examination for each course offered, a training program director shall ensure that:

1. The final examination or refresher challenge examination for the course is completed onsite at the training program or at a facility used for course instruction;
2. Except as provided in subsection (D), the final examination or refresher challenge examination for a course includes a:
  - a. Written test:
    - i. With one absolutely correct answer, two incorrect answers, and one distractor, none of which is “all of the above” or “none of the above”;
    - ii. With 150 multiple-choice questions for the:
      - (1) Final examination for a refresher course, or
      - (2) Refresher challenge examination for a course;
    - iii. That covers the learning objectives of the course with representation from all topics covered by the course; and
    - iv. That requires a passing score of 75% or higher in no more than three attempts for a final examination and no more than one attempt for a refresher challenge examination; and
  - b. Comprehensive practical skills test:

- i. Evaluating the student's technical proficiency in skills consistent with the national education standards for the applicable EMCT classification level, and
    - ii. Reflecting the skills necessary to pass a national certification organization examination at the applicable EMCT classification level;
  - 3. The identity of each student taking the final examination or refresher challenge examination is verified;
  - 4. A student does not receive verbal or written assistance from any other individual or use notes, books, or documents of any kind as an aid in taking the examination;
  - 5. A student who violates subsection (C)(4) is not permitted to complete the examination or to receive a certificate of completion for the course or refresher challenge examination; and
  - 6. An instructor who allows a student to violate subsection (C)(4) or assists a student in violating subsection (C)(4) is no longer permitted to serve as an instructor.
- D.** A training program director shall ensure that a standardized certification test for a student under the state certification process includes:
  - 1. A written test that meets the requirements in subsection (C)(2)(a); and
  - 2. Either:
    - a. A comprehensive practical skills test that meets the requirements in subsection (C)(2)(b), or
    - b. An attestation of practical skills proficiency on a Department-provided form.
- E.** A training program director shall ensure that:
  - 1. A student is allowed no longer than six months after the date of the last day of classroom instruction for a course session to complete all course requirements,
  - 2. There is a maximum ratio of four students to one preceptor for the clinical training portion of a course, and
  - 3. There is a maximum ratio of one student to one preceptor for the field training portion of a course.
- F.** A training program director shall:
  - 1. For a student who completes a course, issue a certificate of completion containing:
    - a. Identification of the training program,
    - b. Identification of the course completed,
    - c. The name of the student who completed the course,
    - d. The date the student completed all course requirements,
    - e. Attestation that the student has met all course requirements, and
    - f. The signature or electronic signature of the training program director and the date of signature or electronic signature; and



2. For an individual who passes a refresher challenge examination, issue a certificate of completion containing:
  - a. Identification of the training program,
  - b. Identification of the refresher challenge examination administered,
  - c. The name of the individual who passed the refresher challenge examination,
  - d. The date or dates the individual took the refresher challenge examination,
  - e. Attestation that the individual has passed the refresher challenge examination, and
  - f. The signature or electronic signature of the training program director and the date of signature or electronic signature.

**R9-25-305. Supplemental Requirements for Specific Courses (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))**

- A. Except as specified in subsection (B), a training program certificate holder shall ensure that a certification course offered by the training program:
  1. Covers knowledge, skills, and competencies comparable to the national education standards established for a specific EMCT classification level;
  2. Prepares a student for:
    - a. A national certification organization examination for the specific EMCT classification level, or
    - b. A standardized certification test under the state certification process;
  3. Has no more than 24 students enrolled in each session of the course; and
  4. Has a minimum course length of:
    - a. For an EMT certification course, 130 hours;
    - b. For an AEMT certification course, 244 hours, including:
      - i. A minimum of 100 contact hours of didactic instruction and practical skills training, and
      - ii. A minimum of 144 contact hours of clinical training and field training; and
    - c. For a Paramedic certification course, 1000 hours, including:
      - i. A minimum of 500 contact hours of didactic instruction and practical skills training, and
      - ii. A minimum of 500 contact hours of clinical training and field training.
- B. A training program director shall ensure that, for an AEMT certification course or a Paramedic certification course, a student has one of the following:
  1. Current certification from the Department as an EMT or higher EMCT classification level,
  2. Documentation of completion of prior training in an EMT course or a course for a higher EMCT classification level provided by a training program certified by the Department or an equivalent training program, or

3. Documentation of current registration in a national certification organization at the EMT classification level or higher EMCT classification level.
- C.** A training program director shall ensure that for a course to prepare an EMT-I(99) for Paramedic certification:
1. A student has current certification from the Department as an EMT-I(99);
  2. The course covers the knowledge, skills, and competencies established according to A.R.S. § 36-2204 and available through the Department at [www.azdhs.gov](http://www.azdhs.gov);
  3. No more than 24 students are enrolled in each session of the course;
  4. The minimum course length is 600 hours, including:
    - a. A minimum of 220 contact hours of didactic instruction and practical skills training, and
    - b. A minimum of 380 contact hours of clinical training and field training; and
  5. A minimum of 60 contact hours of training in anatomy and physiology are completed by the student:
    - a. As a prerequisite to the course,
    - b. As preliminary instruction completed at the beginning of the course session before the didactic instruction required in subsection (C)(4)(a) begins, or
    - c. Through integration of the anatomy and physiology material with the units of instruction required in subsection (C)(4).
- D.** A training program director shall ensure that for an EMT refresher course:
1. A student has one of the following:
    - a. Current certification from the Department as an EMT or higher EMCT classification level,
    - b. Documentation of completion of prior training in an EMT course or a course for a higher EMCT classification level provided by a training program certified by the Department or an equivalent training program,
    - c. Documentation of current registration in a national certification organization at the EMT classification level or higher EMCT classification level, or
    - d. Documentation from a national certification organization requiring the student to complete the EMT refresher course to be eligible to apply for registration in the national certification organization;
  2. A student has documentation of current certification in adult, pediatric, and infant cardiopulmonary resuscitation through instruction consistent with American Heart Association recommendations for emergency cardiovascular care by EMCTs;
  3. The EMT refresher course covers:

- a. The knowledge, skills, and competencies in the national education standards established at the EMT classification level; or
  - b. Until the following dates, the knowledge, skills, and competencies established according to A.R.S. § 36-2204 and available through the Department at [www.azdhs.gov](http://www.azdhs.gov):
    - i. March 31, 2015, for a student who has documentation from a national certification organization of registration at the EMT classification level or higher EMCT classification level that expired on or before March 31, 2011;
    - ii. March 31, 2016, for a student who has documentation from a national certification organization of registration at the EMT classification level or higher EMCT classification level that expired between April 1, 2011 and March 31, 2012; and
    - iii. December 31, 2017, for a student who is not registered by a national certification organization;
- 4. No more than 32 students are enrolled in each session of the course; and
- 5. The minimum course length is 24 contact hours.
- E.** A training program authorized to provide an EMT refresher course may administer a refresher challenge examination covering materials included in the EMT refresher course to an individual eligible for admission into the EMT refresher course.
- F.** A training program director shall ensure that for an ALS refresher course:
  - 1. A student has one of the following:
    - a. Current certification from the Department as an AEMT, EMT-I(99), or Paramedic;
    - b. Documentation of completion of a prior training course, at the AEMT classification level or higher, provided by a training program certified by the Department or an equivalent training program;
    - c. Documentation of current registration in a national certification organization at the AEMT or Paramedic classification level; or
    - d. Documentation from a national certification organization requiring the student to complete the ALS refresher course to be eligible to apply for registration in the national certification organization;
  - 2. A student has documentation of current certification in:
    - a. Adult, pediatric, and infant cardiopulmonary resuscitation through instruction consistent with American Heart Association recommendations for emergency cardiovascular care by EMCTs, and
    - b. For a student who has current certification as an EMT-I(99) or higher level of EMCT classification, advanced emergency cardiac life support;

3. The ALS refresher course covers:
    - a. For a student who has current certification as an AEMT or documentation of completion of prior training at an AEMT classification level, the knowledge, skills, and competencies in the national education standards established for an AEMT;
    - b. For a student who has current certification as an EMT-I(99), the knowledge, skills, and competencies established according to A.R.S. § 36-2204 for an EMT-I(99) as of the effective date of this Section and available through the Department at [www.azdhs.gov](http://www.azdhs.gov);
    - c. For a student who has current certification as a Paramedic or documentation of completion of prior training at a Paramedic classification level, the knowledge, skills, and competencies in the national education standards established for a Paramedic; and
    - d. Until the following dates, the knowledge, skills, and competencies established according to A.R.S. § 36-2204 and available through the Department at [www.azdhs.gov](http://www.azdhs.gov):
      - i. March 31, 2015, for a student who has documentation of completion of prior training at a level between EMT-I(99) and Paramedic and registration from a national certification organization that expired on or before March 31, 2011;
      - ii. March 31, 2016, for a student who has documentation of completion of prior training at a level between EMT-I(99) and Paramedic and registration from a national certification organization that expired between April 1, 2011 and March 31, 2012;
      - iii. March 31, 2017, for a student who has documentation of completion of prior training at a level between EMT-I(99) and Paramedic and registration from a national certification organization that expired between April 1, 2012 and March 31, 2013; and
      - iv. December 31, 2017, for a student who has documentation of completion of prior training at a level between EMT-I(99) and Paramedic and is not registered by a national certification organization;
  4. No more than 32 students are enrolled in each session of the course; and
  5. The minimum course length is 48 contact hours.
- G.** A training program authorized to provide an ALS refresher course may administer a refresher challenge examination covering materials included in the ALS refresher course to an individual eligible for admission into the ALS refresher course.

**R9-25-306. Training Program Notification and Recordkeeping (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))**

- A.** At least 10 days before the start date of a course session, a training program certificate holder shall submit to the Department the following information in a Department-provided format:
1. Identification of the training program;
  2. Identification of the course;
  3. The name of the training program medical director;
  4. The name of the training program director;
  5. The name of the course session's lead instructor;
  6. The course session start date and end date;
  7. The physical location at which didactic training and practical skills training will be provided;
  8. The days of the week and times of each day during which didactic training and practical skills training will be provided;
  9. The number of clock hours of didactic training and practical skills training;
  10. If applicable, the number of hours of clinical training and field training included in the course session;
  11. The date, start time, and location of the final examination for the course;
  12. Attestation that the lead instructor is qualified under R9-25-304(A)(4)(a); and
  13. The name and signature of the chief administrative officer or program director and the date signed.
- B.** The Department shall review the information submitted according to subsection (A) and, within five days after receiving the information:
1. Approve a course session, issue an identifying number to the course session, and notify the training program certificate holder of the approval and identifying number; or
  2. Disapprove a course session that does not comply with requirements in this Article and notify the training program certificate holder of the disapproval.
- C.** A training program certificate holder shall ensure that:
1. No later than 10 days after the date a student completes all course requirements, the training program director submits to the Department the following information in a Department-provided format:
    - a. Identification of the training program;
    - b. The name of the training program director;
    - c. Identification of the course and the start date and end date of the course session completed by the student;
    - d. The name, date of birth, and mailing address of the student who completed the course;

- e. The date the student completed all course requirements;
  - f. The score the student received on the final examination;
  - g. Attestation that the student has met all course requirements;
  - h. Attestation that all information submitted is true and accurate; and
  - i. The signature of the training program director and the date signed; and
2. No later than 10 days after the date an individual passes a refresher challenge examination administered by the training program, the training program director submits to the Department the following information in a Department-provided format;
- a. Identification of the training program;
  - b. Identification of the:
    - i. Refresher challenge examination administered, and
    - ii. Course for which the refresher challenge examination substitutes;
  - c. The name of the training program medical director;
  - d. The name of the training program director;
  - e. The name, date of birth, and mailing address of the individual who passed the refresher challenge examination;
  - f. The date and location at which the refresher challenge examination was administered;
  - g. The score the individual received on the refresher challenge examination;
  - h. Attestation that the individual:
    - i. Met the requirements for taking the refresher challenge examination, and
    - ii. Passed the refresher challenge examination;
  - i. Attestation that all information submitted is true and accurate; and
  - j. The name and signature of the training program director and the date signed.

**D.** A training program certificate holder shall ensure that:

- 1. A record is established for each student enrolled in a course session, including;
  - a. The student's name and date of birth;
  - b. A copy of the student's enrollment agreement or contract;
  - c. Identification of the course in which the student is enrolled;
  - d. The start date and end date for the course session;
  - e. Documentation supporting the student's eligibility to enroll in the course;
  - f. Documentation that the student meets prerequisites for the course, established as specified in R9-25-304(A)(2)(c)(i);
  - g. The student's attendance records;
  - h. The student's clinical training records, if applicable;
  - i. The student's field training records, if applicable;

- j. The student's grades;
- k. Documentation of the final examination for the course, including:
  - i. A copy of each scored written test attempted or completed by the student, and
  - ii. All forms used as part of the comprehensive practical skills test attempted or completed by the student; and
- l. A copy of the student's certificate of completion required in R9-25-304(F)(1);
- 2. A student record required in subsection (D)(1) is maintained for three years after the end date of a student's course session and provided to the Department at the Department's request;
- 3. A record is established for each individual to whom a refresher challenge examination is administered, including:
  - a. The individual's name and date of birth;
  - b. Identification of the refresher challenge examination administered to the individual;
  - c. Documentation supporting the individual's eligibility for a refresher challenge examination;
  - d. The date the refresher challenge examination was administered;
  - e. Documentation of the refresher challenge examination, including:
    - i. A copy of the scored written test attempted or completed by the individual, and
    - ii. All forms used as part of the comprehensive practical skills test attempted or completed by the individual; and
  - f. A copy of the individual's certificate of completion required in R9-25-304(F)(2); and
- 4. A record required in subsection (D)(3) is maintained for three years after the date the refresher challenge examination was administered and provided to the Department at the Department's request.

**R9-25-307. Training Program Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))**

- A.** The Department may take an action listed in subsection (B) against a training program certificate holder who:
  - 1. Violates the requirements in A.R.S. Title 36, Chapter 21.1 or 9 A.A.C. 25; or
  - 2. Knowingly or negligently provides false documentation or information to the Department.
- B.** The Department may take the following action against a training program certificate holder:
  - 1. After notice is provided according to A.R.S. Title 41, Chapter 6, Article 10, issue:
    - a. A letter of censure, or

- b. An order of probation; or
- 2. After notice and opportunity to be heard is provided according to A.R.S. Title 41, Chapter 6, Article 10:
  - a. Suspend the training program certificate, or
  - b. Decertify the training program.



#### **ARTICLE 4. EMCT CERTIFICATION**

**R9-25-401. EMCT General Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (G) and 36-2204(1), (6), and (7))**

- A.** Except as provided in R9-25-404(E) and R9-25-405, an individual shall not act as an EMCT unless the individual has current certification or recertification from the Department.
- B.** An EMCT shall act as an EMCT only:
  - 1. As authorized under the EMCT's scope of practice as specified in Article 5 of this Chapter; and
  - 2. For an EMCT required to have medical direction according to A.R.S. Title 36, Chapter 21.1 and R9-25-502, as authorized by the EMCT's administrative medical director under:
    - a. Treatment protocols, triage protocols, and communication protocols approved by the EMCT's administrative medical director as specified in R9-25-201(E)(2); and
    - b. Medical recordkeeping, medical reporting, and prehospital incident history report requirements approved by the EMCT's administrative medical director as specified in R9-25-201(E)(3)(b).
- C.** Except as provided in A.R.S. § 36-2211, the Department shall certify or recertify an individual as an EMCT for a period of two years.
- D.** An individual whose EMCT certificate is expired shall not apply for recertification, except as provided in R9-25-404(A).
- E.** The Department shall comply with the confidentiality requirements in A.R.S. §§ 36-2220(E) and 36-2245(M).

**R9-25-402. EMCT Certification and Recertification Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (G) and 36-2204(1), (6), and (7))**

- A.** The Department shall not certify an EMCT if the applicant:
  - 1. Is currently:
    - a. Incarcerated for a criminal conviction,
    - b. On parole for a criminal conviction,
    - c. On supervised release for a criminal conviction, or
    - d. On probation for a criminal conviction;
  - 2. Within 10 years before the date of filing an application for certification required by this Article, has been convicted of any of the following crimes, or any similarly defined crimes in this state or in any other state or jurisdiction, unless the conviction has been absolutely discharged, expunged, or vacated:
    - a. 1st or 2nd degree murder;
    - b. Attempted 1st or 2nd degree murder;
    - c. Sexual assault;

- d. Attempted sexual assault;
  - e. Sexual abuse of a minor;
  - f. Attempted sexual abuse of a minor;
  - g. Sexual exploitation of a minor;
  - h. Attempted sexual exploitation of a minor;
  - i. Commercial sexual exploitation of a minor;
  - j. Attempted commercial sexual exploitation of a minor;
  - k. Molestation of a child;
  - l. Attempted molestation of a child; or
  - m. A dangerous crime against children as defined in A.R.S. § 13-705;
- 3. Within five years before the date of filing an application for certification required by this Article, has been convicted of a misdemeanor involving moral turpitude or a felony in this state or any other state or jurisdiction, other than a misdemeanor involving moral turpitude or a felony listed in subsection (A)(2), unless the conviction has been absolutely discharged, expunged, or vacated;
  - 4. Within five years before the date of filing an application for certification required by this Article, has had EMCT certification or recertification revoked in this state or certification, recertification, or licensure at an EMCT classification level revoked in any other state or jurisdiction; or
  - 5. Knowingly provides false information in connection with an application required by this Article.
- B.** The Department shall not recertify an EMCT, if:
- 1. While certified, the applicant has been convicted of a crime listed in subsection (A)(2), or any similarly defined crimes in this state or in any other state or jurisdiction, unless the conviction has been absolutely discharged, expunged, or vacated; or
  - 2. The applicant knowingly provides false information in connection with an application required by this Article.
- C.** The Department shall make probation a condition of EMCT certification if, within two years before the date of filing an application under R9-25-403, an applicant has been convicted of a misdemeanor in this state or in any other state or jurisdiction, involving:
- 1. Possession, use, administration, acquisition, sale, manufacture, or transportation of an intoxicating liquor, dangerous drug, or narcotic drug, as defined in A.R.S. § 13-3401, unless the conviction has been absolutely discharged, expunged, or vacated; or
  - 2. Driving or being in physical control of a vehicle while under the influence of an intoxicating liquor, a dangerous drug, or a narcotic drug, as defined in A.R.S. § 13-3401, unless the conviction has been absolutely discharged, expunged, or vacated.

- D.** Except as provided in subsection (E), the Department shall make probation a condition of EMCT recertification if an applicant:
1. Is currently:
    - a. Incarcerated for a criminal conviction,
    - b. On parole for a criminal conviction,
    - c. On supervised release for a criminal conviction, or
    - d. On probation for a criminal conviction; or
  2. Within five years before the date of filing an application under R9-25-404, has been convicted of a misdemeanor involving moral turpitude or a felony in this state or any other state or jurisdiction, other than those listed in subsection (A)(2), unless the conviction has been absolutely discharged, expunged, or vacated.
- E.** As specified in R9-25-409, the Department may make probation a condition of EMCT recertification if an applicant, within two years before the date of filing an application under R9-25-404, has been convicted of a misdemeanor in this state or in any other state or jurisdiction, involving:
1. Possession, use, administration, acquisition, sale, manufacture, or transportation of an intoxicating liquor, dangerous drug, or narcotic drug, as defined in A.R.S. § 13-3401, unless the conviction has been absolutely discharged, expunged, or vacated; or
  2. Driving or being in physical control of a vehicle while under the influence of an intoxicating liquor, a dangerous drug, or a narcotic drug, as defined in A.R.S. § 13-3401, unless the conviction has been absolutely discharged, expunged, or vacated.
- F.** If the Department makes probation a condition of EMCT certification or recertification, the Department shall fix the period and terms of probation that will:
1. Protect the public health and safety, and
  2. Rehabilitate and educate the applicant.

**R9-25-403. Application Requirements for EMCT Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (G) and 36-2204(1) and (6))**

- A.** An individual may apply for initial EMCT certification if:
1. The individual is at least 18 years of age;
  2. The individual complies with the requirements in A.R.S. § 41-1080;
  3. The individual is not ineligible under R9-25-402; and
  4. One of the following applies to the individual:
    - a. The individual has not previously applied for certification from the Department or has withdrawn an application for certification;
    - b. An application for certification submitted by the individual was denied by the Department two or more years before the present date;

- c. Except as provided in R9-25-404(A)(2) or (3), the individual's certification as an EMCT is expired;
  - d. The individual's certification as an EMCT was revoked by the Department five or more years before the present date; or
  - e. The individual has current certification as an EMCT and is applying for certification at a different classification level of EMCT.
- B.** An applicant for initial EMCT certification shall submit to the Department an application in a Department-provided format, including:
  - 1. A form containing:
    - a. The applicant's name, address, telephone number, email address, date of birth, gender, and Social Security number;
    - b. The level of EMCT certification being requested;
    - c. Responses to questions addressing the applicant's criminal history according to R9-25-402(A)(1) through (3) and (C);
    - d. Whether the applicant has within the five years before the date of the application had:
      - i. EMCT certification or recertification revoked in Arizona; or
      - ii. Certification, recertification, or licensure at an EMCT classification level revoked in another state or jurisdiction;
    - e. Attestation that all information required as part of the application has been submitted and is true and accurate; and
    - f. The applicant's signature or electronic signature and date of signature;
  - 2. For each affirmative response to a question addressing the applicant's criminal history required in subsection (B)(1)(c), a detailed explanation on a Department-provided form and supporting documentation;
  - 3. For each affirmative response to subsection (B)(1)(d), a detailed explanation on a Department-provided form and supporting documentation;
  - 4. If applicable, a copy of certification, recertification, or licensure at an EMCT classification level issued to the applicant in another state or jurisdiction;
  - 5. A copy of one of the following for the applicant:
    - a. U.S. passport, current or expired;
    - b. Birth certificate;
    - c. Naturalization documents; or
    - d. Documentation of legal resident alien status; and
  - 6. One of the following:
    - a. Either:

- i. A certificate of completion showing that within two years before the date of the application, the applicant completed statewide standardized training; and
    - ii. A statewide standardized certification test; or
  - b. Documentation of current registration in a national certification organization at the applicable or higher level of EMCT classification.
- B.** The Department shall approve or deny an application for initial EMCT certification according to Article 12 of this Chapter.
- C.** If the Department denies an application for initial EMCT certification, the applicant may request a hearing according to A.R.S. Title 41, Chapter 6, Article 10.

**R9-25-404. Application Requirements for EMCT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (3), (4), and (6), (B), and (H) and 36-2204(1), (4), and (6))**

- A.** An individual may apply for recertification at the same level of EMCT certification held or at a lower level of EMCT certification:
  - 1. Within 90 days before the expiration date of the individual's current EMCT certification;
  - 2. Within the 30-day period after the expiration date of the individual's EMCT certification, as provided in subsection (E); or
  - 3. Within the extension time period granted under R9-25-405.
- B.** To apply for recertification, an applicant shall submit to the Department an application, in a Department-provided format, including:
  - 1. A form containing:
    - a. The applicant's name, address, telephone number, email address, date of birth, and Social Security number;
    - b. The applicant's current certification number;
    - c. Responses to questions addressing the applicant's criminal history according to R9-25-402(B), (D), and (E);
    - d. Whether the applicant has within the five years before the date of the application had:
      - i. EMCT certification or recertification revoked in Arizona; or
      - ii. Certification, recertification, or licensure at an EMCT classification level revoked in another state or jurisdiction;
    - e. An indication of the level of EMCT certification held currently or within the past 30 days and of the level of EMCT certification for which recertification is requested;
    - f. Attestation that all information required as part of the application has been submitted and is true and accurate; and
    - g. The applicant's signature or electronic signature and date of signature;

2. For each affirmative response to a question addressing the applicant's criminal history required in subsection (B)(1)(c), a detailed explanation on a Department-provided form and supporting documentation;
  3. For an affirmative response to subsection (B)(1)(d), a detailed explanation on a Department-provided form; and
  4. For an application submitted within 30 days after the expiration date of EMCT certification, a nonrefundable certification extension fee of \$150.
- C.** In addition to the application in subsection (B), an applicant for EMCT recertification shall submit one of the following to the Department:
1. A certificate of course completion issued by the training program director under R9-25-304(F) showing that within two years before the date of the application, the applicant completed either the applicable refresher course or applicable refresher challenge examination;
  2. Documentation of current registration in a national certification organization at the applicable or higher level of EMCT classification; or
  3. Attestation on a Department-provided form that the applicant:
    - a. Has documentation of current certification in adult, pediatric, and infant cardiopulmonary resuscitation through instruction consistent with American Heart Association recommendations for emergency cardiovascular care by EMCTs;
    - b. For EMT-I(99) recertification or Paramedic recertification, has documentation of current certification in advanced emergency cardiac life support;
    - c. Has documentation of having completed within the previous two years the following number of hours of continuing education in topics that are consistent with the content of the applicable refresher course:
      - i. For EMT recertification, a minimum of 24 hours;
      - ii. For AEMT recertification, EMT-I(99) recertification, or Paramedic recertification, a minimum of 48 hours; and
      - iii. Included in the hours required in subsections (C)(3)(c)(i) or (ii), as applicable, a minimum of 5 hours in pediatric emergency care; and
    - d. For EMT recertification, has functioned in the capacity of an EMT for at least 240 hours during the previous two years.
- D.** An applicant who submits an attestation under subsection (C)(3) shall maintain the applicable documentation for at least three years after the date of the application.
- E.** If an individual submits an application for recertification, with a certification extension fee, within 30 days after the expiration date of the individual's EMCT certification, the individual:

1. Was authorized to act as an EMCT during the period between the expiration date of the individual's EMCT certification and the date the application was submitted, and
  2. Is authorized to act as an EMCT until the Department makes a final determination on the individual's application for recertification.
- F.** If an individual does not submit an application for recertification before the expiration date of the individual's EMCT certification or, with a certification extension fee, within 30 days after the expiration date of the individual's EMCT certification, the individual:
1. Is not an EMCT,
  2. Was not authorized to act as an EMCT during the 30-day period after the expiration date of the individual's EMCT certification, and
  3. May submit an application to the Department for initial EMCT certification according to R9-25-403.
- G.** The Department shall approve or deny an application for recertification according to Article 12 of this Chapter.
- H.** If the Department denies an application for recertification, the applicant may request a hearing according to A.R.S. Title 41, Chapter 6, Article 10.
- I.** The Department may deny, based on failure to meet the standards for recertification in A.R.S. Title 36, Chapter 21.1 and this Article, an application submitted with a certification extension fee.
- R9-25-405. Extension to File an Application for EMCT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (G) and 36-2204(1), (4), (5), and (7))**
- A.** Before the expiration of a current certificate, an EMCT who is unable to meet the recertification requirements in R9-25-404 because of personal or family illness, military service, or authorized federal or state emergency response deployment may apply to the Department in writing for an extension of time to file for recertification by submitting:
1. The following information in a Department-provided format:
    - a. The EMCT's name, address, telephone number, and email address;
    - b. The EMCT's current certification number;
    - c. The reason for requesting the extension; and
    - d. The EMCT's signature or electronic signature and date of signature; and
  2. For an exemption based on military service or authorized federal or state emergency response deployment, a copy of the EMCT's military orders or documentation of authorized federal or state emergency response deployment.
- B.** The Department may grant an extension of time to file for recertification:
1. For personal or family illness, for no more than 180 days; or
  2. For each military service or authorized federal or state emergency response deployment, for the term of service or deployment plus 180 days.

- C. An individual applying for or granted an extension of time to file for recertification:
  - 1. Remains certified according to A.R.S. § 41-1092.11 during the extension period, and
  - 2. Shall submit an application for recertification according to R9-25-404.
- D. An individual who does not meet the recertification requirements in R9-25-404 within the extension period or has the application for recertification denied by the Department:
  - 1. Is not an EMCT, and
  - 2. May submit an application to the Department for initial EMCT certification according to R9-25-403.
- E. The Department shall approve or deny a request for an extension to file for EMCT recertification according to Article 12 of this Chapter.
- F. If the Department denies a request for an extension to file for EMCT recertification, the applicant may request a hearing according to A.R.S. Title 41, Chapter 6, Article 10.

**R9-25-406. Requirements for Downgrading of Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (G) and 36-2204(1) and (6))**

An individual who holds current EMCT certification at a classification level higher than EMT and who is not under investigation according to A.R.S. § 36-2211 may apply for:

- 1. Continued certification at a lower EMCT classification level for the remainder of the certification period by submitting to the Department:
  - a. A written request containing:
    - i. The EMCT's name, address, email address, telephone number, date of birth, and Social Security number;
    - ii. The lower EMCT classification level requested;
    - iii. Attestation that the applicant has not committed an act or engaged in conduct that would warrant revocation of a certificate under A.R.S. § 36-2211;
    - iv. Attestation that all information submitted is true and accurate; and
    - v. The applicant's signature or electronic signature and date of signature; and
  - b. Either:
    - i. A written statement from the EMCT's administrative medical director attesting that the EMCT is able to perform at the lower EMCT classification level requested; or
    - ii. If applying for continued certification as an EMT, an Arizona EMT refresher certificate of completion or an Arizona EMT refresher challenge examination certificate of completion signed by the training program director designated for the Arizona EMT refresher course; or
- 2. Recertification at a lower EMCT classification level according to R9-25-404.



**R9-25-407. Notification Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), and (A)(4), 36-2204(1) and (6), and 36-2211)**

- A.** No later than 30 days after the date an EMCT's name legally changes, the EMCT shall submit to the Department:
1. A completed form provided by the Department containing:
    - a. The name under which the EMCT is currently certified by the Department;
    - b. The EMCT's address, telephone number, and Social Security number; and
    - c. The EMCT's new name; and
  2. Documentation showing that the name has been legally changed.
- B.** No later than 30 days after the date an EMCT's address changes, the EMCT shall submit to the Department a completed form provided by the Department containing:
1. The EMCT's name, telephone number, and Social Security number; and
  2. The EMCT's new address.
- C.** An EMCT shall notify the Department in writing no later than 10 days after the date the EMCT:
1. Is incarcerated or is placed on parole, supervised release, or probation for any criminal conviction;
  2. Is convicted of:
    - a. A crime specified in R9-25-402(A)(2),
    - b. A misdemeanor involving moral turpitude,
    - c. A felony in this state or any other state or jurisdiction, or
    - d. A misdemeanor specified in R9-25-402(E);
  3. Has registration revoked or suspended by a national certification organization; or
  4. Has certification, recertification, or licensure at an EMCT classification level revoked or suspended in another state or jurisdiction.

**R9-25-408. Unprofessional Conduct; Physical or Mental Incompetence; Gross Incompetence; Gross Negligence (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (G), 36-2204(1), (6), and (7), and 36-2211)**

- A.** For purposes of A.R.S. § 36-2211(A)(1), unprofessional conduct is an act or omission made by an EMCT that is contrary to the recognized standards or ethics of the Emergency Medical Technician profession or that may constitute a danger to the health, welfare, or safety of a patient or the public, including:
1. Impersonating an EMCT of a higher level of certification or impersonating a health professional as defined in A.R.S. § 32-3201;
  2. Permitting or allowing another individual to use the EMCT's certification for any purpose;
  3. Aiding or abetting an individual who is not certified according to this Chapter in acting as an

- EMCT or in representing that the individual is certified as an EMCT;
4. Engaging in or soliciting sexual relationships, whether consensual or nonconsensual, with a patient while acting as an EMCT;
  5. Physically or verbally harassing, abusing, threatening, or intimidating a patient or another individual while acting as an EMCT;
  6. Making false or materially incorrect entries in a medical record or willful destruction of a medical record;
  7. Failing or refusing to maintain adequate records on a patient;
  8. Soliciting or obtaining monies or goods from a patient by fraud, deceit, or misrepresentation;
  9. Aiding or abetting an individual in fraud, deceit, or misrepresentation in meeting or attempting to meet the application requirements for EMCT certification or EMCT recertification contained in this Article, including the requirements established for:
    - a. Completing and passing a course provided by a training program; and
    - b. The national certification organization examination process and national certification organization registration process;
  10. Providing false information or making fraudulent or untrue statements to the Department or about the Department during an investigation conducted by the Department;
  11. Being incarcerated or being placed on parole, supervised release, or probation for any criminal conviction;
  12. Being convicted of a misdemeanor identified in R9-25-402(E), which has not been absolutely discharged, expunged, or vacated;
  13. Having national certification organization registration revoked or suspended by the national certification organization for material noncompliance with national certification organization rules or standards; and
  14. Having certification, recertification, or licensure at an EMCT classification level revoked or suspended in another state or jurisdiction.
- B.** Under A.R.S. § 36-2211, physical or mental incompetence of an EMCT is the EMCT's lack of physical or mental ability to provide emergency medical services as required under this Chapter.
- C.** Under A.R.S. § 36-2211 gross incompetence or gross negligence is an EMCT's willful act or willful omission of an act that is made in disregard of an individual's life, health, or safety and that may cause death or injury.

**R9-25-409. Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (G), 36-2204(1), (6), and (7), and 36-2211)**

- A.** If the Department determines that an applicant or EMCT is not in substantial compliance with applicable laws and rules, under A.R.S. §§ 36-2204 or 36-2211, the Department may:
1. Take the following action against an applicant or EMCT:

- a. After notice is provided according to A.R.S. § 36-2211 and, if applicable, A.R.S. Title 41, Chapter 6, Article 10, issue:
      - i. A decree of censure to the EMCT, or
      - ii. An order of probation to the EMCT; or
    - b. After notice and opportunity to be heard is provided according to A.R.S. Title 41, Chapter 6, Article 10:
      - i. Deny an application,
      - ii. Suspend the EMCT's certificate, or
      - iii. Revoke the EMCT's certificate; and
  - 2. Assess civil penalties against the EMCT.
- B.** In determining which action in subsection (A) is appropriate, the Department shall consider:
  - 1. Prior disciplinary actions;
  - 2. The time interval since a prior disciplinary action, if applicable;
  - 3. The applicant's or EMCT's motive;
  - 4. The applicant's or EMCT's pattern of conduct;
  - 5. The number of offenses;
  - 6. Whether the applicant or EMCT failed to comply with instructions from the Department;
  - 7. Whether interim rehabilitation efforts were made by the applicant or EMCT;
  - 8. Whether the applicant or EMCT refused to acknowledge the wrongful nature of the misconduct;
  - 9. Whether the applicant or EMCT made timely and good-faith efforts to rectify the consequences of the misconduct;
  - 10. The submission of false evidence, false statements, or other deceptive practices during an investigation or disciplinary process;
  - 11. The vulnerability of a patient or other victim of the applicant's or EMCT's conduct, if applicable; and
  - 12. How much control the applicant or EMCT had over the processes or situation leading to the misconduct.

**R9-25-410. Renumbered**

**R9-25-411. Renumbered**

## **ARTICLE 5. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL CARE TECHNICIANS**

### **R9-25-501. Definitions**

In addition to the definitions in A.R.S. § 36-2201 and R9-25-101, the following definitions apply in this Article, unless otherwise specified:

1. “ALS skill” means a medical treatment, procedure, or technique or administration of a medication that is indicated by a check mark in Table 5.1 under AEMT, EMT-I(99), or Paramedic, but not under EMT.
2. “Immunizing agent” means an immunobiologic recommended by the Advisory Committee on Immunization Practices of the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

### **R9-25-502. Scope of Practice for EMCTs**

**A.** An EMCT shall perform a medical treatment, procedure, or technique or administer a medication only:

1. If the skill is within the EMCT's scope of practice skills, as specified in Table 5.1;
2. For an ALS skill:
  - a. If authorized for the EMCT by the EMCT's administrative medical director, and
  - b. If the EMCT is able to receive on-line medical direction;
3. For a STR skill:
  - a. If the EMCT has documentation of having completed training specific to the skill that is consistent with the knowledge, skills, and competencies established according to A.R.S. § 36-2204 and available through the Department at [www.azdhs.gov](http://www.azdhs.gov);
  - b. If authorized for the EMCT by the EMCT's administrative medical director; and
  - c. If the EMCT is able to receive on-line medical direction;
4. If the medication is listed as an agent in Table 5.2, Table 5.3, or Table 5.4 under the classification for which the EMCT is certified;
5. If the EMCT is authorized to administer the medication by the:
  - a. EMCT's administrative medical director, if applicable; or
  - b. If the EMCT is an EMT with no administrative medical director, emergency medical services provider or ambulance service by which the EMCT is employed or for which the EMCT volunteers; and
6. In a manner consistent with standards described in R9-25-408 and, if applicable, with the training in 9 A.A.C. 25, Article 3.

**B.** An administrative medical director:

1. Shall:
  - a. Ensure that an EMCT has completed training in administration or monitoring of an

- agent before authorizing the EMCT to administer or monitor the agent;
  - b. Ensure that an EMCT has competency in an ALS skill before authorizing the EMCT to perform the ALS skill;
  - c. Before authorizing an EMCT to perform a STR skill, ensure that the EMCT has:
    - i. Completed training specific to the skill, consistent with the knowledge, skills, and competencies established according to A.R.S. § 36-2204 and available through the Department at [www.azdhs.gov](http://www.azdhs.gov); and
    - ii. Demonstrated competency in the skill;
  - d. Periodically thereafter assess an EMCT's competency in an authorized ALS skill and STR skill, according to policies and procedures required in R9-25-201(C)(3)(b)(viii), to ensure continued competency;
  - e. Document the EMCT's:
    - i. Completion of training in administration or monitoring of an agent required in subsection (B)(1)(a),
    - ii. Competency in performing an ALS skill required in subsection (B)(1)(b),
    - iii. Specific training required in subsection (B)(1)(c)(i) and competency required in subsection (B)(1)(c)(ii), and
    - iv. Periodic reassessment required in subsection (B)(1)(d); and
  - f. Maintain documentation of an EMCT's completion of training in administration or monitoring of an agent and competency in performing an authorized ALS skill or STR skill; and
2. May authorize an EMCT to perform all of the ALS skills in Table 5.1 for the applicable level of EMCT or restrict the EMCT to a subset of the ALS skills in Table 5.1 for the applicable level of EMCT.

**Table 5.1. Arizona Scope of Practice Skills****KEY:**

✓ = Arizona Scope of Practice skill

STR = STR skill

\* = Already intubated

AIRWAY/VENTILATION/OXYGENATION		EMT	AEMT	EMT-I(99)	PARAMEDIC
	Airway - esophageal	STR	✓	✓	✓
	Airway - supraglottic	STR	✓	✓	✓
	Airway - nasal	✓	✓	✓	✓
	Airway - oral	✓	✓	✓	✓
	Automated transport ventilator	STR	STR	✓	✓
	Bag-valve-mask (BVM)	✓	✓	✓	✓
	BiPAP/CPAP				✓
	Chest decompression - needle			✓	✓
	Chest tube placement - assist only				STR
	Chest tube monitoring and management				STR
	Cricoid pressure (Sellick's maneuver)	✓	✓	✓	✓
	Cricothyrotomy- needle			STR	✓
	Cricothyrotomy- percutaneous			STR	✓
	Cricothyrotomy- surgical			STR	STR
	Demand valve- manually triggered ventilation	✓	✓	✓	✓
	End tidal CO2 monitoring/capnography			✓	✓
	Gastric decompression - NG tube			✓	✓
	Gastric decompression - OG tube			✓	✓
	Head-tilt chin lift	✓	✓	✓	✓
	Intubation - nasotracheal			STR	✓
	Intubation - orotracheal	STR	STR	✓	✓
	Jaw-thrust	✓	✓	✓	✓
	Jaw-thrust – modified (trauma)	✓	✓	✓	✓
	Medication Assisted Intubation (paralytics)				STR
	Mouth-to-barrier	✓	✓	✓	✓
	Mouth-to-mask	✓	✓	✓	✓
	Mouth-to-mouth	✓	✓	✓	✓
	Mouth-to-nose	✓	✓	✓	✓
	Mouth-to-stoma	✓	✓	✓	✓
	Obstruction - direct laryngoscopy			✓	✓
	Obstruction - manual	✓	✓	✓	✓

AIRWAY/VENTILATION/OXYGENATION		EMT	AEMT	EMT-I(99)	PARAMEDIC
	Oxygen therapy - humidifiers	✓	✓	✓	✓
	Oxygen therapy - nasal cannula	✓	✓	✓	✓
	Oxygen therapy - non-rebreather mask	✓	✓	✓	✓
	Oxygen therapy - partial rebreather mask	✓	✓	✓	✓
	Oxygen therapy - simple face mask	✓	✓	✓	✓
	Oxygen therapy - venturi mask	✓	✓	✓	✓
	PEEP - therapeutic			✓	✓
	Pulse oximetry	✓	✓	✓	✓
	Suctioning - upper airway	✓	✓	✓	✓
	Suctioning - tracheobronchial		✓*	✓	✓
CARDIOVASCULAR/CIRCULATION		EMT	AEMT	EMT-I (99)	PARAMEDIC
	Cardiac monitoring - multiple lead (interpretive)			✓	✓
	Cardiac monitoring - single lead (interpretive)			✓	✓
	Cardiac - multiple lead acquisition (non-interpretive)	STR	STR	✓	✓
	Cardiopulmonary resuscitation	✓	✓	✓	✓
	Cardioversion - electrical			✓	✓
	Carotid massage – (≤17 years)			STR	STR
	Defibrillation - automatic/semi-automatic	✓	✓	✓	✓
	Defibrillation - manual			✓	✓
	Hemorrhage control - direct pressure	✓	✓	✓	✓
	Hemorrhage control - tourniquet	✓	✓	✓	✓
	Internal; cardiac pacing - monitoring only			✓	✓
	Mechanical CPR device	STR	STR	STR	STR
	Transcutaneous pacing - manual			✓	✓
IMMOBILIZATION		EMT	AEMT	EMT-I (99)	PARAMEDIC
	Spinal immobilization - cervical collar	✓	✓	✓	✓
	Spinal immobilization - long board	✓	✓	✓	✓
	Spinal immobilization - manual	✓	✓	✓	✓
	Spinal immobilization - seated patient (KED, etc.)	✓	✓	✓	✓
	Spinal immobilization - rapid manual extrication	✓	✓	✓	✓
	Extremity stabilization - manual	✓	✓	✓	✓
	Extremity splinting	✓	✓	✓	✓
	Splint- traction	✓	✓	✓	✓
	Mechanical patient restraint	✓	✓	✓	✓
	Emergency moves for endangered patients	✓	✓	✓	✓

MEDICATION ADMINISTRATION - ROUTES		EMT	AEMT	EMT-I (99)	PARAMEDIC
	Aerosolized/nebulized (beta agonist)	STR	✓	✓	✓
	Assisting patient with his/her own prescribed medications (aerosolized/nebulized)	✓	✓	✓	✓
	Assisting patient with his/her own prescribed medications (ASA/Nitro)	✓	✓	✓	✓
	Assisting patient with his/her own prescribed medications (auto-injector)	✓	✓	✓	✓
	Assisting patient with his/her own prescribed medications (hydrocortisone sodium succinate)		✓	✓	✓
	Auto-injector	STR	✓	✓	✓
	Buccal	STR	✓	✓	✓
	Endotracheal tube			✓	✓
	Inhaled self-administered (nitrous oxide)		✓	✓	✓
	Intradermal			STR	STR
	Intramuscular		✓	✓	✓
	Intranasal	STR	✓	✓	✓
	Intravenous push		✓	✓	✓
	Intravenous piggyback			✓	✓
	Intraosseous		STR	✓	✓
	Nasogastric				✓
	Oral	✓	✓	✓	✓
	Rectal		STR	✓	✓
	Small volume nebulizer	STR	✓	✓	✓
	Subcutaneous		✓	✓	✓
	Sublingual		✓	✓	✓
IV INITIATION/MAINTENANCE FLUIDS		EMT	AEMT	EMT-I (99)	PARAMEDIC
	Access indwelling catheters and implanted central IV ports				✓
	Central line - monitoring				✓
	Intraosseous - initiation		✓	✓	✓
	Intravenous access		✓	✓	✓
	Intravenous initiation - peripheral	STR	✓	✓	✓
	Intravenous- maintenance of non-medicated IV fluids or capped access	✓	✓	✓	✓
	Intravenous- maintenance of medicated IV fluids			✓	✓
	Umbilical initiation				STR
MISCELLANEOUS		EMT	AEMT	EMT-I (99)	PARAMEDIC
	Assisted delivery (childbirth)	✓	✓	✓	✓
	Assisted complicated delivery (childbirth)	✓	✓	✓	✓
	Blood glucose monitoring	✓	✓	✓	✓



MISCELLANEOUS		EMT	AEMT	EMT-I (99)	PARAMEDIC
	Blood pressure- automated	✓	✓	✓	✓
	Blood pressure- manual	✓	✓	✓	✓
	Eye irrigation	✓	✓	✓	✓
	Eye irrigation (Morgan lens)				STR
	Thrombolytic therapy- initiation				STR
	Urinary catheterization				STR
	Venous blood sampling			✓	✓
	Blood chemistry analysis				STR
	Use/monitoring of agents specified in Table 5.4 during interfacility transports			STR	STR
	Use/monitoring of infusion pump for agent administration during interfacility transports			STR	STR

**Table 5.2. Eligibility for Authorization to Administer, Monitor, and Assist in Patient Self-administration of Agents by EMCT Classification; Administration Requirements; and Minimum Supply Requirements for Agents**

**KEY:**

A = Authorized to administer the agent

SVN = Agent shall be administered by small volume nebulizer

MDI = Agent shall be administered by metered dose inhaler

\* = Authorized to assist in patient self-administration

[ ] = Minimum supply required if an EMS provider chooses to make the optional agent available for EMCT administration

AGENT	MINIMUM SUPPLY	EMT	AEMT	EMT-I (99)	PARAMEDIC
Adenosine	18 mg	-	-	A	A
Albuterol Sulfate SVN or MDI (sulfite free)	10 mg	A	A	A	A
Amiodarone or Lidocaine	300 mg or 3 prefilled syringes, total of 300 mg and 1 g vials or premixed infusion, total of 2 g	- -	- -	- A	A A
Aspirin	324 mg	A	A	A	A
Atropine Sulfate	3 prefilled syringes, total of 3 mg	-	-	A	A
Atropine Sulfate	Optional [8 mg multidose vial (1)]	-	-	A	A
Atropine Sulfate Auto-Injector	None	A	A	A	A
Atropine Sulfate and Pralidoxime Chloride (Combined) Auto-Injector	None	A	A	A	A
Calcium Chloride	1 g	-	-	-	A
Calcium Gluconate, 2.5% topical gel	Optional [50 g]	A	A	A	A
Charcoal, Activated (without sorbitol)	Optional [50 g]	A	A	A	A
Cyanokit	Optional [5 g]	-	-	-	A
Dexamethasone	Optional [8 mg]	-	-	A	A
Dextrose	50 g	-	A	A	A
Dextrose, 5% in H <sub>2</sub> O	Optional [250 mL bag (1)]	A	A	A	A
Diazepam or Lorazepam or Midazolam	20 mg 8 mg 10 mg	- - -	- - -	A A A	A A A
Diazepam Rectal Delivery Gel	Optional [20 mg]	-	-	A	A
Diltiazem or Verapamil HCl	25 mg 10 mg	- -	- -	- -	A A
Diphenhydramine HCl	50 mg	-	-	A	A
Dopamine HCl	400 mg	-	-	-	A
Epinephrine Auto-Injector	Optional [2 adult auto-injectors 2 pediatric auto-injectors]	A	A	A	A
Epinephrine HCl, 1:1,000	2 mg	-	A	A	A

AGENT	MINIMUM SUPPLY	EMT	AEMT	EMT-I (99)	PARAMEDIC
Epinephrine HCl, 1:1,000	Optional [30 mg multidose vial (1)]	-	A	A	A
Epinephrine HCl, 1:10,000	5 mg	-	-	A	A
Etomidate	Optional [40 mg]	-	-	-	A
Furosemide or Bumetanide	Optional [100 mg] Optional [4 mg]	- -	- -	A A	A A
Glucagon	2 mg	-	A	A	A
Glucose, oral	Optional [30 gm]	A	A	A	A
Hemostatic Agents	Optional	A	A	A	A
Hydrocortisone Sodium Succinate	Optional	-	*	*	*
Immunizing Agent	Optional	-	-	A	A
Ipratropium Bromide 0.02% SVN or MDI	5 mL	-	-	A	A
Ketamine	Optional [200 mg]	-	-	-	A
Lactated Ringers	1 L bag (2)	A	A	A	A
Magnesium Sulfate	5 g	-	-	-	A
Methylprednisolone Sodium Succinate	Optional [250 mg]	-	-	A	A
Morphine Sulfate or Fentanyl	20 mg 200 mcg	- -	A -	A A	A A
Nalmefene HCl	Optional [4 mg]	-	A	A	A
Naloxone HCl	10 mg	-	A	A	A
Naloxone HCl	Optional [prefilled atomizers or auto-injectors 2 doses]	A	A	A	A
Nitroglycerin Sublingual Spray or Nitroglycerin Tablets	1 bottle 1 bottle	* *	A A	A A	A A
Normal Saline	1 L bag (2) Optional [250 mL bag (1)] Optional [50 mL bag (2)]	A	A	A	A
Ondansetron HCl	Optional [4 mg]	-	-	A	A
Oxygen	13 cubic feet	A	A	A	A
Oxytocin	Optional [10 units]	-	-	A	A
Phenylephrine Nasal Spray 0.5%	Optional [1 bottle]	-	-	A	A
Pralidoxime Chloride Auto-Injector	None	A	A	A	A
Proparacaine Ophthalmic	Optional [1 bottle]	-	-	A	A
Rocuronium	Optional [100 mg]	-	-	-	A
Sodium Bicarbonate 8.4%	Optional [100 mEq]	-	-	A	A
Succinylcholine	Optional [400 mg]	-	-	-	A
Thiamine HCl	100 mg	-	-	A	A
Tuberculin PPD	Optional [5 mL]	-	-	A	A
Vasopressin	Optional [40 units]	-	-	-	A

**Table 5.3. Agents Eligible for Authorization for Administration During a Hazardous Material Incident**

**KEY:**

[ ] = Minimum supply required if an EMS provider chooses to make the optional agent available for Paramedic administration

Drug Preparation	Minimum Supply
Activated Charcoal	Optional [as determined by administrative medical director]
Albuterol	Optional [as determined by administrative medical director]
Amyl Nitrite Inhalants	Optional [as determined by administrative medical director]
Atropine	Optional [as determined by administrative medical director]
Atrovent	Optional [as determined by administrative medical director]
Calcium Carbonate	Optional [as determined by administrative medical director]
Calcium Gluconate	Optional [as determined by administrative medical director]
CyanoKit (Hydroxocobalamin)	Optional [as determined by administrative medical director]
Dextrose 50%	Optional [as determined by administrative medical director]
Diazepam	Optional [as determined by administrative medical director]
DuoDote Auto Injector	Optional [as determined by administrative medical director]
Glucagon	Optional [as determined by administrative medical director]
Methylene Blue	Optional [as determined by administrative medical director]
Neosynephrine	Optional [as determined by administrative medical director]
Propanolol	Optional [as determined by administrative medical director]
Protopam Chloride (pralidoxime)	Optional [as determined by administrative medical director]
Pyridoxine	Optional [as determined by administrative medical director]
Sodium Chloride .95	Optional [as determined by administrative medical director]
Sterile Water	Optional [as determined by administrative medical director]
Tetracaine	Optional [as determined by administrative medical director]

**Table 5.4. Eligibility for Authorization to Administer and Monitor Transport Agents During Interfacility Transports, by EMCT Classification; Administration Requirements**

**KEY:**

TA = Transport agent for an EMCT with the specified certification

IP = Agent shall be administered by infusion pump

SVN = Agent shall be administered by small volume nebulizer

AGENT	MINIMUM SUPPLY	EMT	AEMT	EMT-I (99)	Paramedic
Amiodarone IP	None	-	-	-	TA
Antibiotics	None	-	-	TA	TA
Blood	None	-	-	-	TA
Calcium Chloride	None	-	-	-	TA
Colloids	None	-	-	TA	TA
Corticosteroids IP	None	-	-	TA	TA
Diltiazem IP	None	-	-	-	TA
Diuretics	None	-	-	TA	TA
Dopamine HCl IP	None	-	-	-	TA
Electrolytes/Crystalloids (Commercial Preparations)	None	TA	TA	TA	TA
Epinephrine IP	None	-	-	TA	TA
Fentanyl IP	None	-	-	TA	TA
Fosphenytoin Na IP or Phenytoin Na IP	None None	- -	- -	- -	TA TA
Glucagon	None	-	-	TA	TA
Glycoprotein IIb/IIIa Inhibitors	None	-	-	-	TA
H2 Blockers	None	-	-	TA	TA
Heparin Na IP	None	-	-	-	TA
Insulin IP	None	-	-	-	TA
Levophed IP	None	-	-	-	TA
Lidocaine IP	None	-	-	TA	TA
Magnesium Sulfate IP	None	-	-	-	TA
Midazolam IP	None	-	-	TA	TA
Morphine IP	None	-	-	TA	TA
Nitroglycerin IV Solution IP	None	-	-	-	TA
Phenobarbital Na IP	None	-	-	-	TA
Potassium Salts IP	None	-	-	-	TA
Procainamide HCl IP	None	-	-	-	TA
Propofol IP	None	-	-	-	TA
Racemic Epinephrine SVN	None	-	-	-	TA
Total Parenteral Nutrition, with or without lipids IP	None	-	-	-	TA
Vitamins	None	-	-	TA	TA

**R9-25-503. Testing of Medical Treatments, Procedures, Medications, and Techniques that May Be Administered or Performed by an EMCT**

- A.** Under A.R.S. § 36-2205, the Department may authorize the testing and evaluation of a medical treatment, procedure, technique, practice, medication, or piece of equipment for possible use by an EMCT or an emergency medical services provider.
- B.** Before authorizing any test and evaluation according to subsection (A), the Department director shall approve the test and evaluation according to subsections (C), (D), (E).
- C.** The Department director shall consider approval of a test and evaluation conducted according to subsection (A), only if a written request for testing and evaluation:
  - 1. Is submitted to the Department director from:
    - a. The Department,
    - b. A state agency other than the Department,
    - c. A political subdivision of this state,
    - d. An EMCT,
    - e. An emergency medical services provider,
    - f. An ambulance service, or
    - g. A member of the public; and
  - 2. Includes:
    - a. A cover letter, signed and dated by the individual making the request;
    - b. An identification of the person conducting the test and evaluation;
    - c. An identification of the medical treatment, procedure, technique, practice, medication, or piece of equipment to be tested and evaluated;
    - d. An explanation of the reasons for and the benefits of the test and evaluation;
    - e. The scope of the test and evaluation, including the:
      - i. Projected number of individuals, EMCTs, emergency medical services providers, or ambulance services involved; and
      - ii. Proposed length of time required to complete the test and evaluation; and
    - f. The methodology to be used to evaluate the test's and evaluation's findings.
- D.** The Department director shall approve a test and evaluation if:
  - 1. The test and evaluation does not pose a threat to the public health, safety, or welfare;
  - 2. The test is necessary to evaluate the safest and most current advances in medical treatments, procedures, techniques, practices, medications, or equipment; and
  - 3. The medical treatment, procedure, technique, practice, medication, or piece of equipment being tested and evaluated may:
    - a. Reduce or eliminate the use of outdated or obsolete medical treatments, procedures, techniques, practices, medications, or equipment;

- b. Improve patient care; or
  - c. Benefit the public's health, safety, or welfare.
- E. Within 180 days after receiving a written request for testing and evaluation that contains all of the information in subsection (C), the Department director shall send written notification of approval or denial of the test and evaluation to the individual making the request.
- F. Upon completion of a test and evaluation authorized by the Department director, the person conducting the test and evaluation shall submit a written report to the Department director that includes:
  - 1. An identification of the test and evaluation;
  - 2. A detailed evaluation of the test; and
  - 3. A recommendation regarding future use of the medical treatment, procedure, technique, practice, medication, or piece of equipment tested and evaluated.

**R9-25-504. Protocol for Selection of a Health Care Institution for Transport**

- A. Except as provided in subsection (B), an EMCT shall transport a patient accessing emergency medical services through a call to 9-1-1 or a similar public emergency dispatch number to:
  - 1. An emergency receiving facility, or
  - 2. A special hospital that is physically connected to an emergency receiving facility.
- B. Under A.R.S. §§ 36-2205(D) and 36-2232(F), an EMCT who responds to a call made to 9-1-1 or a similar public emergency dispatch number may refer, advise, or transport the patient at the scene to a health care institution other than a health care institution specified in subsection (A), if the EMCT determines that:
  - 1. The patient's condition does not pose an immediate threat to life or limb, based on medical direction; and
  - 2. The health care institution is the most appropriate for the patient, based on the following:
    - a. The patient's:
      - i. Medical condition,
      - ii. Choice of health care institution, and
      - iii. Health care provider;
    - b. The location of the health care institution and the emergency medical resources available at the health care institution; and
    - c. A determination by the administrative medical director that the health care institution is able to accept and capable of treating the patient.
- C. Before initiating transport of a patient accessing emergency medical services through a call to 9-1-1 or a similar public emergency dispatch number, an EMCT, emergency medical services provider, or ambulance service shall:
  - 1. Notify, by radio or telephone communication, a health care institution that is not an

emergency receiving facility of the EMCT's intent to transport the patient to the health care institution; and

2. Receive confirmation of the willingness of the health care institution to accept the patient.
- D.** An EMCT transporting a patient accessing emergency medical services through a call to 9-1-1 or a similar public emergency dispatch number to a health care institution that is not an emergency receiving facility shall transfer care of the patient to a designee authorized by:
1. A physician,
  2. A registered nurse practitioner,
  3. A physician assistant, or
  4. A registered nurse.
- E.** An emergency medical services provider or an ambulance service that implements this rule shall make available for Department review and inspection written records relating to the transport of a patient under subsections (B), (C), and (D).

**R9-25-505. Protocol for an EMT-I(99) or a Paramedic to Become Eligible to Administer an Immunizing Agent**

- A.** An EMT-I(99) or a Paramedic may be authorized by the EMT-I(99)'s or Paramedic's administrative medical director to administer an immunizing agent if the EMT-I(99) or Paramedic completes training that:
1. Includes:
    - a. Basic immunology and the human immune response;
    - b. Mechanics of immunity, adverse effects, dose, and administration schedule of available immunizing agents;
    - c. Response to an emergency situation, such as an allergic reaction, resulting from the administration of an immunization;
    - d. Routes of administration for available immunizing agents;
    - e. A description of the individuals to whom an EMCT may administer an immunizing agent; and
    - f. The requirements in 9 A.A.C. 6, Article 7 related to:
      - i. Obtaining written consent for administration of an immunizing agent,
      - ii. Providing immunization information and written immunization records, and
      - iii. Recordkeeping and reporting;
  2. Requires the EMT-I(99) or Paramedic to demonstrate competency in the subject matter listed in subsection (A)(1); and
  3. Is approved by the EMT-I(99)'s or Paramedic's administrative medical director based upon a determination that the training meets the requirements in subsections (A)(1) and (A)(2).
- B.** An administrative medical director of an EMT-I(99) or a Paramedic who completes the training



required in subsection (A) shall maintain for Department review and inspection written evidence that the EMT-I(99) or Paramedic has completed the training required in subsection (A), including at least:

1. The name of the training,
2. The date the training was completed, and
3. A signed and dated attestation from the administrative medical director that the training is approved.

C. Before administering an immunizing agent to an individual, an EMT-I(99) or a Paramedic shall:

1. Receive written consent consistent with the requirements in 9 A.A.C. 6, Article 7;
2. Provide immunization information and written immunization records consistent with the requirements in 9 A.A.C. 6, Article 7; and
3. Provide documentary proof of immunity to the individual consistent with the requirements in 9 A.A.C. 6, Article 7.

**R9-25-507. Repealed**

**Exhibit 1. Repealed**

**Exhibit 2. Repealed**

**R9-25-508. Repealed**

**R9-25-510. Repealed**

**R9-25-511. Repealed**

**R9-25-513. Repealed**

## ARTICLE 6. STROKE CARE

### **R9-25-601. Definitions (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))**

In addition to the definitions in A.R.S. § 36-2201 and R9-25-101, the following definitions apply in this Article, unless otherwise specified:

1. “Council” means the emergency medical services council established under A.R.S. § 36-2203.
2. “Local EMS coordinating system” means the same as in A.R.S. § 36-2210.
3. “National stroke care standards” means criteria for the assessment and treatment of stroke that are consistent with guidelines established by the American Stroke Association.
4. “National stroke center certification organization” means an entity:
  - a. Such as:
    - i. The Joint Commission;
    - ii. The Healthcare Facilities Accreditation Program; or
    - iii. Det Norske Veritas Healthcare, Inc.;
  - b. That assesses the compliance of a hospital with national stroke care standards; and
  - c. That documents hospitals that meet national stroke care standards.
5. “Primary stroke center” means a hospital that meets national stroke care standards, as determined by a national stroke center certification organization.
6. “Stroke patient” means an individual who has signs or symptoms of a stroke and is receiving assessment or treatment for a stroke.

### **R9-25-602. Emergency Stroke Care Protocols (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))**

A. The council shall:

1. Establish emergency stroke care protocols, and
2. Support the adoption of emergency stroke care protocols by emergency medical services providers through local EMS coordinating systems.

B. The council shall ensure that emergency stroke care protocols:

1. Are developed and implemented in coordination with:
  - a. Local EMS coordinating systems,
  - b. National organizations that focus on heart disease and stroke,
  - c. Emergency medical service providers, and
  - d. Health care providers;
2. Include procedures for the pre-hospital assessment and treatment of stroke patients;
3. Provide for transport of stroke patients to the most appropriate emergency receiving facility, consistent with A.R.S. § 36-2205(E), taking into account the:
  - a. Needs of a stroke patient;
  - b. Availability of resources in urban areas, suburban areas, rural areas, and wilderness areas;
  - c. Capability of an emergency receiving facility to practice telemedicine, as defined in A.R.S. § 36-3601, with specialists in stroke care;
  - d. Location of emergency receiving facilities that:
    - i. Are primary stroke centers; and
    - ii. Participate in quality improvement activities, including the submission of data on stroke care provided by the emergency receiving facility that may be compiled on a statewide basis;

- e. Capability of an emergency receiving facility that is not a primary stroke center to stabilize a stroke patient before initiating a transfer to a primary stroke center;
    - f. Capability of an emergency receiving facility that is not a primary stroke center to stabilize and admit a stroke patient; and
    - g. Distance and duration of transport;
  - 4. Are consistent with national stroke care standards; and
  - 5. Are based on data on stroke care from:
    - a. National organizations that focus on heart disease and stroke,
    - b. U.S. Department of Transportation, National Highway Traffic Safety Administration; and
    - c. Statewide data on stroke care, as available.
- C. The council shall review and update, as necessary, the emergency stroke care protocols in subsection (A) at least once every three years.

## **ARTICLE 7. AIR AMBULANCE SERVICE LICENSING**

### **R9-25-701. Definitions (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2215)**

In addition to the definitions in A.R.S. § 36-2201 and R9-25-101, the following definitions apply in this Article and in Article 8 of this Chapter, unless otherwise specified:

1. “Air ambulance” means an aircraft that is an “ambulance” as defined in A.R.S. § 36-2201.
2. “Air ambulance service” means an ambulance service that operates an air ambulance.
3. “Base location” means a physical location at which a person houses an air ambulance or equipment and supplies used for the operation of an air ambulance service or provides administrative or other support for the operation of an air ambulance service.
4. “Business organization” means an entity such as an association, cooperative, corporation, limited liability company, or partnership.
5. “Call number” means a unique identifier used by an air ambulance service to identify a specific mission.
6. “CAMTS” means the Commission on Accreditation of Medical Transport Systems, formerly known as the Commission on Accreditation of Air Medical Services.
7. “Change of ownership” means a transfer of controlling legal or controlling equitable interest and authority in an air ambulance service.
8. “Critical care” means pertaining to a patient whose condition requires care commensurate with the scope of practice of a physician or registered nurse.
9. “Estimated time of arrival” means the number of minutes from the time that an air ambulance service agrees to perform a mission to the time that an air ambulance arrives at the scene.
10. “Holds itself out” means advertises through print media, broadcast media, the Internet, or other means.
11. “Interfacility” means between two health care institutions.
12. “Licensed respiratory care practitioner” has the same meaning as in A.R.S. § 32-3501.
13. “Maternal” means pertaining to a woman whose pregnancy is considered by a physician to be high risk, who is in need of critical care services related to the pregnancy, and who is being transferred to a medical facility that has the specialized perinatal and neonatal resources and capabilities necessary to provide an appropriate level of care.
14. “Medical team” means personnel whose main function on a mission is the medical care of the patient being transported.
15. “Mission” means a transport job that involves an air ambulance service’s sending an air ambulance to a patient’s location to provide transport of the patient from one location to another, whether or not transport of the patient is actually provided.

16. “Neonatal” means pertaining to an infant who is 28 days of age or younger and who is in need of critical care services.
17. “On-line medical guidance” means emergency medical services direction or information provided to a non-EMCT medical team member by a physician through two-way voice communication.
18. “Operate an air ambulance in this state” means:
  - a. Transporting a patient via air ambulance from a location in this state to another location in this state,
  - b. Operating an air ambulance from a base location in this state, or
  - c. Transporting a patient via air ambulance from a location in this state to a location outside of this state more than once per month.
19. “Owner” means a person that holds a controlling legal or equitable interest and authority in a business enterprise.
20. “Patient reference number” means a unique identifier used by an air ambulance service to identify an individual patient.
21. “Personnel” means individuals who work for an air ambulance service, with or without compensation, whether as employees, contractors, or volunteers.
22. “Premises” means each physical location of air ambulance service operations and includes all equipment and records at each location.
23. “Proficiency in neonatal resuscitation” means current and valid certification in neonatal resuscitation obtained through completing a nationally recognized training program such as the American Academy of Pediatrics and American Heart Association NRP: Neonatal Resuscitation Program.
24. “Publicizes” means makes a good faith effort to communicate information to the general public through print media, broadcast media, the Internet, or other means.
25. “Regularly” means at recurring, fixed, or uniform intervals.
26. “Rescue situation” means an incident in which:
  - a. An individual’s life, limb, or health is imminently threatened; and
  - b. The threat may be reduced or eliminated by removing the individual from the situation and providing medical services.
27. “Subspecialization” means:
  - a. For a physician board certified by a specialty board approved by the American Board of Medical Specialties, subspecialty certification;
  - b. For a physician board certified by a specialty board approved by the American Osteopathic Association, attainment of either a certification of special qualifications or a certification of added qualifications; and

- c. For a physician who has completed an accredited residency program, completion of at least one year of training pertaining to the specified area of medicine.
- 28. “Two-way voice communication” means that two individuals are able to convey information back and forth to each other orally, either directly or through a third-party relay.
- 29. “Valid” means that a license, certification, or other form of authorization is in full force and effect and not suspended.
- 30. “Working day” means the period between 8:00 a.m. and 5:00 p.m. on a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday.

**R9-25-702. Applicability (A.R.S. §§ 36-2202(A)(4) and 36-2217)**

This Article and Article 8 of this Chapter do not apply to persons and vehicles exempted from the provisions of A.R.S. Title 36, Chapter 21.1 as provided in A.R.S. § 36-2217(A).

**R9-25-703. Requirement and Eligibility for a License (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2215)**

- A. A person shall not operate an air ambulance in this state unless the person has a current and valid air ambulance service license and, except as provided in A.R.S. § 36-2212(C), a current and valid certificate of registration for the air ambulance as required under Article 8 of this Chapter.
- B. To be eligible to obtain an air ambulance service license, an applicant shall:
  - 1. Hold current and valid Registration and Exemption under 14 CFR 298, as evidenced by a current and valid OST Form 4507 showing the effective date of registration;
  - 2. Hold the following issued by the Federal Aviation Administration:
    - a. A current and valid Air Carrier Certificate authorizing common carriage under 14 CFR 135;
    - b. If operating a rotor-wing air ambulance, current and valid Operations Specifications authorizing aeromedical helicopter operations;
    - c. If operating a fixed-wing air ambulance, current and valid Operations Specifications authorizing airplane air ambulance operations;
    - d. A current and valid Certificate of Registration for each air ambulance to be operated; and
    - e. A current and valid Airworthiness Certificate for each air ambulance to be operated;
  - 3. Have applied for a certificate of registration, issued by the Department under Article 8 of this Chapter, for each air ambulance to be operated by the air ambulance service;
  - 4. Hold a current and valid registration, issued by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4, for each air ambulance to be operated by the air ambulance service;
  - 5. Have current and valid liability insurance coverage for the air ambulance service that complies with A.R.S. § 36-2215 and that has at least the following maximum liability limits:
    - a. \$1 million for injuries to or death of any one person arising out of any one incident or accident;
    - b. \$3 million for injuries to or death of more than one person in any one incident or accident; and
    - c. \$500,000 for damage to property arising from any one incident or accident;

6. Have current and valid malpractice insurance coverage for the air ambulance service that complies with A.R.S. § 36-2215 and that has a maximum liability limit of at least \$1 million per occurrence; and

7. Comply with all applicable requirements of this Article, Articles 2 and 8 of this Chapter, and A.R.S. Title 36, Chapter 21.1.

C. To maintain eligibility for an air ambulance service license, an air ambulance service shall meet the requirements of subsections (B)(1)-(2) and (4)-(7) and hold a current and valid certificate of registration, issued by the Department under Article 8 of this Chapter, for each air ambulance operated by the air ambulance service.

**R9-25-704. Initial Application and Licensing Process (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215)**

A. An applicant for an initial license shall submit an application to the Department, in a Department-provided format, including:

1. The applicant's name; mailing address; e-mail address; fax number, if any; and telephone number;
2. Each business name to be used for the air ambulance service;
3. The physical and mailing addresses to be used for the air ambulance service, if different from the applicant's mailing address;
4. The name, title, address, e-mail address, and telephone number of the applicant's statutory agent or the individual designated by the applicant to accept service of process and subpoenas for the air ambulance service;
5. If the applicant is a business organization:
  - a. The type of business organization;
  - b. The following information about the individual who is to serve as the primary contact for information regarding the application:
    - i. Name;
    - ii. Address;
    - iii. E-mail address;
    - iv. Telephone number; and
    - v. Fax number, if any;
  - c. The name, title, and address of each officer and board member or trustee; and
  - d. A copy of the business organization's articles of incorporation, articles of organization, or partnership or joint venture documents, if applicable;
6. The name and Arizona license number for the physician who is to serve as the administrative medical director for the air ambulance service;
7. The intended hours of operation for the air ambulance service;

8. The intended schedule of rates for the air ambulance service;
9. Which of the following mission types is to be provided:
  - a. Emergency medical services transports,
  - b. Interfacility transports,
  - c. Interfacility maternal transports, and
  - d. Interfacility neonatal transports;
10. The signature of the applicant and the date signed;
11. A copy of a current and valid OST Form 4507 showing the effective date of Federal Aviation Administration registration and exemption under 14 CFR 298;
12. A copy of the following issued by the Federal Aviation Administration:
  - a. A current and valid Air Carrier Certificate authorizing common carriage under 14 CFR 135;
  - b. If intending to operate a rotor-wing air ambulance, current and valid Operations Specifications authorizing aeromedical helicopter operations;
  - c. If intending to operate a fixed-wing air ambulance, current and valid Operations Specifications authorizing airplane air ambulance operations;
  - d. A current and valid Certificate of Registration for each air ambulance to be operated; and
  - e. A current and valid Airworthiness Certificate for each air ambulance to be operated;
13. For each air ambulance to be operated for the air ambulance service:
  - a. An application for registration that includes all of the information and items required under R9-25-802(C); and
  - b. A copy of a current and valid registration, issued by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4;
14. A certificate of insurance establishing that the applicant has current and valid liability insurance coverage for the air ambulance service as required under R9-25-703(B)(5);
15. A certificate of insurance establishing that the applicant has current and valid malpractice insurance coverage for the air ambulance service as required under R9-25-703(B)(6);
16. If the applicant holds current CAMTS accreditation for the air ambulance service, a copy of the current CAMTS accreditation report;
17. Attestation that the applicant will comply with all applicable requirements in this Article, Articles 2 and 8 of this Chapter, and A.R.S. Title 36, Chapter 21.1; and
18. Attestation that the information provided in the application, including the information in the documents accompanying the application form, is accurate and complete.

**B.** Unless an applicant establishes that it holds current CAMTS accreditation as provided in subsection (A)(16) or is applying for an initial license because of a change of ownership as described in R9-25-



706(D), the Department shall conduct an inspection, as required under A.R.S. § 36-2214(B) and R9-25-708, during the substantive review period for the application for an initial license.

C. The Department shall review and approve or deny each application as described in Article 12 of this Chapter.

D. The Department may deny an application if an applicant:

1. Fails to meet the eligibility requirements of R9-25-703(B);
2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
3. Fails or has failed to comply with any provision in this Article or Article 2 or 8 of this Chapter;
4. Knowingly or negligently provides false documentation or false or misleading information to the Department; or
5. Fails to submit to the Department documents or information requested under R9-25-1201(B)(1) or (C)(3), as required under R9-25-1201(D), and requests a denial as permitted under R9-25-1201(E).

**R9-25-705. Renewal Application and Licensing Process (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215)**

A. Before the expiration date of its current license, an air ambulance service shall submit to the Department a renewal application completed using a Department-provided form and including:

1. The information and items listed in R9-25-704(A)(1)-(11), (12)(b), and (13)-(18); and
2. For each air ambulance operated or to be operated by the air ambulance service:
  - a. A copy of a current and valid certificate of registration issued by the Department under Article 8 of this Chapter; or
  - b. An application for registration that includes all of the information and items required under R9-25-802(C).

B. Unless an air ambulance service establishes that it holds current CAMTS accreditation as provided in subsection (C), the Department shall conduct an inspection, as required under A.R.S. § 36-2214(B) and R9-25-708, during the substantive review period for the renewal application.

C. To establish current CAMTS accreditation, an air ambulance service shall submit to the Department, as part of the application submitted under subsection (A), a copy of the air ambulance service's current CAMTS accreditation report.

D. The Department shall review and approve or deny each application as described in Article 12 of this Chapter.

E. The Department may deny an application if an applicant:

1. Fails to meet the eligibility requirements of R9-25-703(C);
2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
3. Fails or has failed to comply with any provision in this Article or Article 2 or 8 of this Chapter;
4. Knowingly or negligently provides false documentation or false or misleading information to the Department; or

5. Fails to submit to the Department documents or information requested under R9-25-1201(B)(1) or (C)(3), as required under R9-25-1201(D), and requests a denial as permitted under R9-25-1201(E).

**R9-25-706. Term and Transferability of License (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2213, 36-2214, and 41-1092.11)**

A. The Department shall issue an initial license:

1. When based on current CAMTS accreditation, with a term beginning on the date of issuance and ending on the expiration date of the CAMTS accreditation upon which licensure is based; and
2. When based on Department inspection, with a term beginning on the date of issuance and ending three years later.

B. The Department shall issue a renewal license with a term beginning on the day after the expiration date shown on the previous license and ending:

1. When based on current CAMTS accreditation, on the expiration date of the CAMTS accreditation upon which licensure is based; and
2. When based on Department inspection, three years after the effective date.

C. If an applicant submits an application for renewal as described in R9-25-705 before the expiration date of the current license, the current license does not expire until the Department has made a final determination on the application for renewal, as provided in A.R.S. § 41-1092.11.

D. A person wanting to transfer an air ambulance service license shall submit to the Department before the anticipated change of ownership:

1. A letter that contains:
  - a. A request that the air ambulance service license be transferred,
  - b. The name and license number of the currently licensed air ambulance service, and
  - c. The name of the person to whom the air ambulance service license is to be transferred;and
2. An application that complies with R9-25-704(A) completed by the person to whom the license is to be transferred.

E. A new owner shall not operate an air ambulance in this state until the Department has transferred an air ambulance service license to the new owner.

**R9-25-707. Changes Affecting a License (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2213)**

A. At least 30 days before the date of a change in an air ambulance service's name, the air ambulance service shall send the Department written notice of the name change.

B. At least 90 days before an air ambulance service ceases to operate, the air ambulance service shall send the Department written notice of the intention to cease operating, effective on a specific date, and the desire to relinquish its license as of that date.

C. Within 30 days after the date of receipt of a notice described in subsection (A) or (B), the Department shall:

1. For a notice described in subsection (A), issue an amended license that incorporates the name change but retains the expiration date of the current license; and
  2. For a notice described in subsection (B), send the air ambulance service written confirmation of the voluntary relinquishment of its license, with an effective date consistent with the written notice.
- D. An air ambulance service shall notify the Department in writing within one working day after:
1. A change in its eligibility for licensure under R9-25-703(B) or (C);
  2. A change in the business organization information most recently submitted to the Department under R9-25-704(A)(5) or R9-25-705(A);
  3. A change in its CAMTS accreditation status, including a copy of its new CAMTS accreditation report, if applicable;
  4. A change in its hours of operation or schedule of rates; or
  5. A change in the scope of the mission types provided.
- E. Before the date of an anticipated change of ownership, a person wanting to transfer an air ambulance service license shall submit to the Department the documents required under R9-25-706(D).

**R9-25-708. Inspections and Investigations (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2213, and 36-2214)**

- A. Except as provided in subsections (D) and (F), the Department shall inspect an air ambulance service before issuing an initial or renewal license, as required under A.R.S. § 36-2214(B), and as often as necessary to determine compliance with this Article, Articles 2 and 8 of this Chapter, and A.R.S. Title 36, Chapter 21.1.
- B. A Department inspection may include the premises and each air ambulance operated or to be operated for the air ambulance service.
- C. If the Department receives written or verbal information alleging a violation of this Article, Article 2 or 8 of this Chapter, or A.R.S. Title 36, Chapter 21.1, the Department shall conduct an investigation.
  1. The Department may conduct an inspection as part of an investigation.
  2. An air ambulance service shall allow the Department to inspect the premises and each air ambulance and to interview personnel as part of an investigation.
- D. As required under A.R.S. § 36-2213(8), the Department shall accept proof of current CAMTS accreditation in lieu of the licensing inspections otherwise required before initial and renewal licensure under subsection (A) and A.R.S. § 36-2214(B).
- E. To establish current CAMTS accreditation, an applicant or air ambulance service shall submit to the Department a copy of its current CAMTS accreditation report as required under R9-25-704(C), R9-25-705(C), or R9-25-707(D).

F. When an application for an air ambulance service license is submitted along with a transfer request due to a change of ownership, the Department shall determine whether an inspection is necessary based upon the potential impact to public health, safety, and welfare.

G. The Department shall conduct each inspection in compliance with A.R.S. § 41-1009.

**R9-25-709. Enforcement Actions (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2213, 36-2214, 36-2215, 41-1092.03, and 41-1092.11(B))**

A. The Department may take an action listed in subsection (B) against an air ambulance service that:

1. Fails to meet the eligibility requirements of R9-25-703(B) or (C);
2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
3. Fails or has failed to comply with any provision in this Article or Article 2 or 8 of this Chapter; or
4. Knowingly or negligently provides false documentation or false or misleading information to the Department.

B. The Department may take the following actions against an air ambulance service:

1. Except as provided in subsection (B)(3), after notice and an opportunity to be heard is provided under A.R.S. Title 41, Chapter 6, Article 10, suspend the air ambulance service license;
2. After notice and an opportunity to be heard is provided under A.R.S. Title 41, Chapter 6, Article 10, revoke the air ambulance service license; and
3. If the Department determines that the public health, safety, or welfare imperatively requires emergency action and incorporates a finding to that effect in its order, summarily suspend the air ambulance service license pending proceedings for revocation or other action, as permitted under A.R.S. § 41-1092.11(B).

C. In determining whether to take action under subsection (B), the Department shall consider:

1. The severity of each violation relative to public health and safety;
2. The number of violations relative to the transport volume of the air ambulance service;
3. The nature and circumstances of each violation;
4. Whether each violation was corrected and, if so, the manner of correction; and
5. The duration of each violation.

**R9-25-710. Minimum Standards for Operations (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)**

A. An air ambulance service shall ensure that:

1. The air ambulance service maintains eligibility for licensure as required under R9-25-703(C);

2. The air ambulance service publicizes its hours of operation;
  3. The air ambulance service makes its schedule of rates available to any individual upon request and, if requested, in writing;
  4. The air ambulance service provides an accurate estimated time of arrival to the person requesting transport at the time that transport is requested and provides an amended estimated time of arrival to the person requesting transport if the estimated time of arrival changes;
  5. The air ambulance service transports only patients for whom it has the resources to provide appropriate medical care, unless subsection (B) or (D) applies;
  6. The air ambulance service does not perform interfacility transport of a patient unless:
    - a. The transport is requested by:
      - i. A physician; or
      - ii. A qualified medical person, as determined by the sending health care institution's bylaws or policies, after consultation with and approval by a physician; and
    - b. The destination health care institution confirms that a bed is available for the patient;
  7. The air ambulance service creates a prehospital incident history report, as defined in A.R.S. § 36-2220, for each patient;
  8. The air ambulance service creates a record for each mission that includes:
    - a. Mission date;
    - b. Mission level--basic life support, advanced life support, or critical care;
    - c. Mission type--emergency medical services transport, interfacility transport, interfacility maternal transport, interfacility neonatal transport, or convalescent transport;
    - d. Aircraft type--fixed-wing aircraft or rotor-wing aircraft;
    - e. Name of the person requesting the transport;
    - f. Time of receipt of the transport request;
    - g. Departure time to the patient's location;
    - h. Address of the patient's location;
    - i. Arrival time at the patient's location;
    - j. Departure time to the destination health care institution;
    - k. Name and address of the destination health care institution;
    - l. Arrival time at the destination health care institution;
    - m. Patient reference number or call number; and
    - n. Aircraft tail number for the air ambulance used on the mission; and
  9. The air ambulance service submits to the Department by the 15th day of each month, either in an electronic format approved by the Department or in hard copy, a run log of the previous month's missions that includes the information required under subsections (A)(8)(a)-(d), (f), (g), (i), (j), (l), and (m) in a cumulative tabular format.
- B. In a rescue situation, when no other practical means of transport, including another air ambulance service, is available, an air ambulance service may deviate from subsection (A)(5) to the extent necessary to meet the rescue situation.
- C. An air ambulance service that completes a mission under subsection (B) shall create a record within five working days after the mission, including the information required under subsection (A)(8), the manner

in which the air ambulance service deviated from subsection (A)(5), and the justification for operating under subsection (B).

- D. An air ambulance service may provide interfacility transport of a patient for whom it does not have the resources to provide appropriate medical care if the sending health care institution provides medically appropriate life support measures, staff, and equipment to sustain the patient during the interfacility transport.
- E. An air ambulance service shall ensure that each staff member provided by a sending health care institution under subsection (D) has completed training in the subject areas listed in R9-25-713(A) before serving on a mission.

**R9-25-711. Minimum Standards for Mission Staffing (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)**

- A. An air ambulance service shall ensure that, except as provided in subsection (B):
  - 1. Each critical care mission is staffed by a medical team of at least two individuals with at least the following qualifications:
    - a. A physician or registered nurse, and
    - b. A Paramedic or licensed respiratory care practitioner;
  - 2. Each advanced life support mission is staffed by a medical team of at least two individuals with at least the following qualifications:
    - a. A Paramedic, and
    - b. Another Paramedic or a licensed respiratory care practitioner; and
  - 3. Each basic life support mission is staffed by a medical team of at least two individuals, each of whom has at least the qualifications of an EMT.
- B. If the pilot on a mission using a rotor-wing air ambulance determines, in accordance with the air ambulance service's written guidelines required under subsection (C), that the weight of a second medical team member could potentially compromise the performance of the rotor-wing air ambulance and the safety of the mission, and the use of a single-member medical team is consistent with the on-line medical direction or on-line medical guidance received as required under subsection (C), an air ambulance service may use a single-member medical team consisting of an individual with at least the following qualification:
  - 1. For a critical care mission, a physician or registered nurse;
  - 2. For an advanced life support mission, a Paramedic; and
  - 3. For a basic life support mission, an EMT.
- C. An air ambulance service shall ensure that:
  - 1. Each air ambulance service rotor-wing pilot is provided written guidelines to use in determining when the weight of a second medical team member could potentially compromise the performance of a rotor-wing air ambulance and the safety of a mission,

including the conditions of density altitude and weight that warrant the use of a single-member medical team;

2. The following are done, without delay, after an air ambulance service rotor-wing pilot determines that the weight of a second medical team member could potentially compromise the performance of a rotor-wing air ambulance and the safety of a mission:
  - a. The pilot communicates that information to the medical team,
  - b. The medical team obtains on-line medical direction or on-line medical guidance regarding the use of a single-member medical team, and
  - c. The medical team proceeds in compliance with the on-line medical direction or on-line medical guidance;
3. A single-member medical team has the knowledge and medical equipment to perform one-person cardiopulmonary resuscitation;
4. The air ambulance service has a quality management process to review regularly the patient care provided by each single-member medical team, including consideration of each patient's status upon arrival at the destination health care institution; and
5. A single-member medical team is used only when no other transport team is available that would be more appropriate for delivering the level of care that a patient requires.

- D.** An air ambulance service that uses a single-member medical team as authorized under subsection (B) shall create a record within five working days after the mission, including the information required under R9-25-710(A)(8), the name and qualifications of the individual comprising the single-member medical team, and the justification for using a single-member medical team.
- E.** An air ambulance service shall create and maintain for each personnel member a file containing documentation of the personnel member's qualifications, including, as applicable, licenses, certifications, and training records.

**R9-25-712. Minimum Standards for Air Ambulance Safety, Equipment, and Supplies (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)**

An air ambulance service shall ensure that:

1. Each air ambulance in use meets the standards in R9-25-807;
2. The equipment and supplies on an air ambulance are secured, stored, and maintained in a manner that prevents hazards to personnel and patients; and
3. After each mission, an air ambulance's equipment and supplies are checked and replenished as necessary to be in compliance with R9-25-807.

**R9-25-713. Minimum Standards for Training (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2213)**

A. An air ambulance service shall ensure that each medical team member completes training in the following subjects before serving on a mission:

1. Aviation terminology;
2. Physiological aspects of flight;
3. Patient loading and unloading;
4. Safety in and around the aircraft;
5. In-flight communications;
6. Use, removal, replacement, and storage of the medical equipment installed on the aircraft;
7. In-flight emergency procedures;
8. Emergency landing procedures; and
9. Emergency evacuation procedures.

B. An air ambulance service shall document each medical team member's completion of the training required under subsection (A), including the name of the medical team member, each training component completed, and the date of completion.

**R9-25-714. Minimum Standards for Communications (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)**

An air ambulance service shall ensure that, while on a mission, two-way voice communication is available:

1. Between and among personnel on the air ambulance, including the pilot; and
2. Between personnel on the air ambulance and the following persons on the ground:
  - a. Personnel;
  - b. Physicians providing on-line medical direction or on-line medical guidance to medical team members; and
  - c. For a rotor-wing air ambulance mission:
    - i. Emergency medical services providers, and
    - ii. Law enforcement agencies.

**R9-25-715. Minimum Standards for Medical Control (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)**

A. An air ambulance service shall ensure that:

1. The air ambulance service has a medical director who:
  - a. Meets the qualifications in subsection (B);
  - b. Supervises and evaluates the quality of medical care provided by medical team members;
  - c. Ensures the competency and current qualifications of all medical team members;
  - d. Ensures that each EMCT medical team member receives medical direction as required under Article 2 of this Chapter;
  - e. Ensures that each non-EMCT medical team member receives medical guidance through:



- i. Written treatment protocols; and
  - ii. On-line medical guidance provided by:
    - (1) The medical director;
    - (2) Another physician designated by the medical director; or
    - (3) If the medical guidance needed exceeds the medical director's area of expertise, a consulting specialty physician; and
  - f. Approves, ensures implementation of, and annually reviews treatment protocols to be followed by medical team members;
- 2. The air ambulance service has a quality management program through which:
  - a. Data related to patient care and transport services provided and patient status upon arrival at destination are:
    - i. Collected continuously; and
    - ii. Examined regularly, on at least a quarterly basis; and
  - b. Appropriate corrective action is taken when concerns are identified; and
- 3. The air ambulance service documents each concern identified through the quality management program and the corrective action taken to resolve each concern and provides this information, along with the supporting data, to the Department upon request.

**B.** A medical director shall:

- 1. Be a physician, as defined in A.R.S. § 36-2201; and
- 2. Comply with one of the following:
  - a. If the air ambulance service provides emergency medical services transports, meet the qualifications of R9-25-201(A)(1); or
  - b. If the air ambulance service does not provide emergency medical services transports, meet the qualifications of R9-25-201(A)(1) or one of the following:
    - i. If the air ambulance service provides only interfacility maternal missions, have board certification or have completed an accredited residency program in one of the following specialty areas:
      - (1) Obstetrics and gynecology, with subspecialization in critical care medicine or maternal and fetal medicine; or
      - (2) Pediatrics, with subspecialization in neonatal-perinatal medicine;
    - ii. If the air ambulance service provides only interfacility neonatal missions, have board certification or have completed an accredited residency program in one of the following specialty areas:
      - (1) Obstetrics and gynecology, with subspecialization in maternal and fetal medicine; or

- (2) Pediatrics, with subspecialization in neonatal-perinatal medicine, neonatology, pediatric critical care medicine, or pediatric intensive care; or
- iii. If neither subsection (B)(2)(b)(i) or (ii) applies, have board certification or have completed an accredited residency program in one of the following specialty areas:
  - (1) Anesthesiology, with subspecialization in critical care medicine;
  - (2) Internal medicine, with subspecialization in critical care medicine;
  - (3) If the air ambulance service transports only pediatric patients, pediatrics, with subspecialization in pediatric critical care medicine or pediatric emergency medicine; or
  - (4) If the air ambulance service transports only surgical patients, surgery, with subspecialization in surgical critical care.

**R9-25-716. Minimum Standards for Recordkeeping (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2213)**

An air ambulance service shall retain each document required to be created or maintained under this Article or Article 2 or 8 of this Chapter for at least three years after the last event recorded in the document and shall produce each document for Department review upon request.

**R9-25-717. Minimum Standards for an Interfacility Neonatal Mission (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)**

An air ambulance service shall ensure that:

1. Each interfacility neonatal mission is staffed by a medical team that complies with the requirements for a critical care mission medical team in R9-25-711(A)(1) and that has the following additional qualifications:
  - a. Proficiency in pediatric emergency care, as defined in R9-25-101; and
  - b. Proficiency in neonatal resuscitation and stabilization of the neonatal patient;
2. Each interfacility neonatal mission is conducted using an air ambulance that has the equipment and supplies required for a critical care mission in Table 1 of Article 8 of this Chapter and the following:
  - a. A transport incubator with:
    - i. Battery and inverter capabilities,
    - ii. An infant safety restraint system, and
    - iii. An integrated neonatal-capable pressure ventilator with oxygen-air supply and blender;
  - b. An invasive automatic blood pressure monitor;
  - c. A neonatal monitor or monitors with heart rate, respiratory rate, temperature, non-invasive blood pressure, and pulse oximetry capabilities;
  - d. Neonatal-specific drug concentrations and doses;
  - e. Umbilical catheter insertion equipment and supplies;
  - f. Thoracostomy supplies;

- g. Neonatal resuscitation equipment and supplies;
  - h. A neonatal size cuff (size 2, 3, or 4) for use with an automatic blood pressure monitor; and
  - i. A neonatal probe for use with a pulse oximeter;
3. On-line medical direction or on-line medical guidance provided to an interfacility neonatal mission medical team member is provided by a physician who meets the qualifications of R9-25-715(B)(2)(b)(ii); and
  4. An individual does not serve on an interfacility neonatal mission medical team unless the air ambulance service's medical director has verified and attested in writing to the individual's having the proficiencies described in subsections (1)(a) and (b).

**R9-25-718. Minimum Standards for an Interfacility Maternal Mission (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)**

A. This Section applies to an air ambulance service that holds itself out as providing interfacility maternal missions.

B. An air ambulance service shall ensure that:

1. Each interfacility maternal mission is staffed by a medical team that complies with the requirements for a critical care mission medical team in R9-25-711(A)(1) and that has the following additional qualifications:
  - a. Proficiency in advanced emergency cardiac life support, as defined in R9-25-101;
  - b. Proficiency in neonatal resuscitation; and
  - c. Proficiency in stabilization and transport of the maternal patient;
2. Each interfacility maternal mission is conducted using an air ambulance that has the equipment and supplies required for a critical care mission in Table 1 of Article 8 of this Chapter and the following:
  - a. A Doppler fetal heart monitor;
  - b. Unless use is not indicated for the patient as determined through on-line medical direction or on-line medical guidance provided as described in subsection (B)(3), an external fetal heart and tocographic monitor with printer capability;
  - c. Tocolytic and anti-hypertensive medications;
  - d. Advanced emergency cardiac life support equipment and supplies; and
  - e. Neonatal resuscitation equipment and supplies;
3. On-line medical direction or on-line medical guidance provided to an interfacility maternal mission medical team member is provided by a physician who meets the qualifications of R9-25-715(B)(2)(b)(i); and
4. An individual does not serve on an interfacility maternal mission medical team unless the air ambulance service's medical director has verified and attested in writing to the individual's having the proficiencies described in subsections (B)(1)(a), (b), and (c).

## **Article 8. Air Ambulance Registration**

### **R9-25-801. Definitions (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2212)**

In addition to the definitions in R9-25-701, the following definitions apply in this Article, unless otherwise specified:

1. "Certificate holder" means a person who holds a current and valid certificate of registration for an air ambulance.
2. "Drug" has the same meaning as in A.R.S. § 32-1901.

### **R9-25-802. Requirement, Eligibility, and Application for an Initial or Renewal Certificate of Registration for an Air Ambulance (A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2240(4))**

A. A person shall not operate an air ambulance in this state unless the person has a current and valid air ambulance service license as required under Article 7 of this Chapter and, except as provided in A.R.S. § 36-2212(C), a current and valid certificate of registration for the air ambulance as required under this Article.

B. To be eligible to obtain a certificate of registration for an air ambulance, an applicant shall:

1. Hold a current and valid air ambulance service license issued under Article 7 of this Chapter;
2. Hold the following issued by the Federal Aviation Administration for the air ambulance:
  - a. A current and valid Certificate of Registration, and
  - b. A current and valid Airworthiness Certificate;
3. Hold a current and valid registration for the air ambulance, issued by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4; and
4. Comply with all applicable requirements of this Article, Articles 2 and 7 of this Chapter, and A.R.S. Title 36, Chapter 21.1.

C. To obtain an initial or renewal certificate of registration for an air ambulance, an applicant shall submit to the Department an application completed using a Department-provided form and including:

1. The applicant's name, mailing address, fax number, and telephone number;
2. All other business names used by the applicant;
3. The applicant's physical business address, if different from the mailing address;
4. The following information about the air ambulance for which registration is sought:
  - a. Each mission level for which the air ambulance will be used:
    - i. Basic life support,
    - ii. Advanced life support, or
    - iii. Critical care;
  - b. Whether a fixed-wing or rotor-wing aircraft;

- c. Number of engines;
  - d. Manufacturer name;
  - e. Model name;
  - f. Year manufactured;
  - g. Serial number;
  - h. Aircraft tail number;
  - i. Aircraft colors, including fuselage, stripe, and lettering; and
  - j. A description of any insignia, monogram, or other distinguishing characteristics of the aircraft's appearance;
5. A copy of the following issued to the applicant, for the air ambulance, by the Federal Aviation Administration:
    - a. A current and valid Certificate of Registration, and
    - b. A current and valid Airworthiness Certificate;
  6. A copy of a current and valid registration issued to the applicant, for the air ambulance, by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4;
  7. The location in Arizona at which the air ambulance will be available for inspection;
  8. The name and telephone number of the individual to contact to arrange for inspection, if the inspection is preannounced;
  9. Attestation that the applicant knows all applicable requirements in A.R.S. Title 36, Chapter 21.1; this Article; and Articles 2 and 7 of this Chapter;
  10. Attestation that the information provided in the application, including the information in the documents accompanying the application form, is accurate and complete;
  11. The dated signature of:
    - a. If the applicant is an individual, the individual;
    - b. If the applicant is a corporation, an officer of the corporation;
    - c. If the applicant is a partnership, one of the partners;
    - d. If the applicant is a limited liability company, a manager or, if the limited liability company does not have a manager, a member of the limited liability company;
    - e. If the applicant is an association or cooperative, a member of the governing board of the association or cooperative;
    - f. If the applicant is a joint venture, one of the individuals signing the joint venture agreement;
    - g. If the applicant is a governmental agency, the individual in the senior leadership position with the agency or an individual designated in writing by that individual; and
    - h. If the applicant is a business organization type other than those described in subsections (C)(11)(b) through (f), an individual who is a member of the business organization; and
  12. Unless the applicant operates or intends to operate the air ambulance only as a volunteer not-for-profit service, a certified check, business check, or money order made payable to the Arizona Department of Health Services for the following fees:
    - a. A \$50 registration fee, as required under A.R.S. § 36-2212(D); and
    - b. A \$200 annual regulatory fee, as required under A.R.S. § 36-2240(4).
- D. The Department requires submission of a separate application and fees for each air ambulance.

- E. Except as provided under R9-25-805(C), the Department shall inspect each air ambulance to determine compliance with the provisions of A.R.S. Title 36, Chapter 21.1 and this Article before issuing an initial certificate of registration and at least every 12 months thereafter before issuing a renewal certificate of registration.
- F. The Department shall review and approve or deny each application as described in Article 12 of this Chapter.
- G. The Department may deny a certificate of registration for an air ambulance if the applicant:
  - 1. Fails to meet the eligibility requirements of R9-25-802(B);
  - 2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
  - 3. Fails or has failed to comply with any provision in this Article or Article 2 or 7 of this Chapter;
  - 4. Knowingly or negligently provides false documentation or false or misleading information to the Department; or
  - 5. Fails to submit to the Department documents or information requested under R9-25-1201(B)(1) or (C)(3), as required under R9-25-1201(D), and requests a denial as permitted under R9-25-1201(E).

**R9-25-803. Term and Transferability of Certificate of Registration (A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, and 41-1092.11)**

- A. The Department shall issue an initial certificate of registration:
  - 1. With a term of one year from date of issuance; or
  - 2. If requested by the applicant, with a term shorter than one year that allows for the Department to conduct annual inspections of all of the applicant's air ambulances at one time.
- B. The Department shall issue a renewal certificate of registration with a term of one year.
- C. If an applicant submits an application for renewal as described in R9-25-802 before the expiration date of the current certificate of registration, the current certificate of registration does not expire until the Department has made a final determination on the application for renewal, as provided in A.R.S. § 41-1092.11.
- D. A certificate of registration is not transferable from one person to another.
- E. If there is a change in the ownership of an air ambulance, the new owner shall apply for and obtain a new certificate of registration before operating the air ambulance in this state.

**R9-25-804. Changes Affecting Registration (A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), and 36-2212)**

- A. At least 30 days before the date of a change in a certificate holder's name, the certificate holder shall send the Department written notice of the name change.
- B. No later than 10 days after a certificate holder ceases to operate an air ambulance, the certificate holder shall send the Department written notice of the date that the certificate holder ceased to operate the air

ambulance and of the desire to relinquish the certificate of registration for the air ambulance as of that date.

C. Within 30 days after the date of receipt of a notice described in subsection (A) or (B), the Department shall:

1. For a notice described in subsection (A), issue an amended certificate of registration that incorporates the name change but retains the expiration date of the current certificate of registration; and
2. For a notice described in subsection (B), send the certificate holder written confirmation of the voluntary relinquishment of the certificate of registration, with an effective date that corresponds to the written notice.

D. A certificate holder shall notify the Department in writing within one working day after a change in its eligibility to obtain a certificate of registration for an air ambulance under R9-25-802(B).

**R9-25-805. Inspections (A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, and 36-2232(A)(11))**

A. An applicant or certificate holder shall make an air ambulance available for inspection within Arizona at the request of the Department.

B. The Department shall conduct each inspection in compliance with A.R.S. § 41-1009.

C. As permitted under A.R.S. § 36-2232(A)(11), upon certificate holder request and at certificate holder expense, the annual inspection of an air ambulance required for renewal of a certificate of registration may be conducted by a Department-approved inspection facility.

**R9-25-806. Enforcement Actions (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2212, 36-2234(L), 41-1092.03, and 41-1092.11(B))**

A. The Department may take an action listed in subsection (B) against a certificate holder's certificate of registration if the certificate holder:

1. Fails or has failed to meet the eligibility requirements of R9-25-802(B);
2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
3. Fails or has failed to comply with any provision in this Article or Article 2 or 7 of this Chapter; or
4. Knowingly or negligently provides false documentation or false or misleading information to the Department.

B. The Department may take the following actions against a certificate holder's certificate of registration:

1. After notice and an opportunity to be heard is provided under A.R.S. Title 41, Chapter 6, Article 10, revoke the certificate of registration; and
2. In case of emergency, if the Department determines that a potential threat to the public health and safety exists and incorporates a finding to that effect in its order, immediately suspend the certificate of registration as authorized under A.R.S. § 36-2234(L).

C. In determining whether to take action under subsection (B), the Department shall consider:

1. The severity of each violation relative to public health and safety;
2. The number of violations relative to the transport volume of the air ambulance service;
3. The nature and circumstances of each violation;
4. Whether each violation was corrected and, if so, the manner of correction; and
5. The duration of each violation.

**R9-25-807. Minimum Standards for an Air Ambulance (A.R.S. §§ 36-2202(A)(3), (4), and (5); 36-2209(A)(2); and 36-2212)**

A. An applicant or certificate holder shall ensure that an air ambulance has:

1. A climate control system to prevent temperature extremes that would adversely affect patient care;
2. If a fixed-wing air ambulance, pressurization capability;
3. Interior lighting that allows for patient care and monitoring without interfering with the pilot's vision;
4. For each place where a patient may be positioned, at least one electrical power outlet or other power source that is capable of operating all electrically powered medical equipment without compromising the operation of any electrical aircraft equipment;
5. A back-up source of electrical power or batteries capable of operating all electrically powered life-support equipment for at least one hour;
6. An entry that allows for patient loading and unloading without rotating a patient and stretcher more than 30 degrees about the longitudinal axis or 45 degrees about the lateral axis and without compromising the operation of monitoring systems, intravenous lines, or manual or mechanical ventilation;
7. A configuration that allows each medical team member sufficient access to each patient to begin and maintain treatment modalities, including complete access to the patient's head and upper body for effective airway management;
8. A configuration that allows for rapid exit of personnel and patients, without obstruction from stretchers and medical equipment;
9. A configuration that protects the aircraft's flight controls, throttles, and communications equipment from any intentional or accidental interference from a patient or equipment and supplies;
10. A padded interior or an interior that is clear of objects or projections in the head strike envelope;
11. An installed self-activating emergency locator transmitter;
12. A voice communications system that:
  - a. Is capable of air-to-ground communication, and



- b. Allows the flight crew and medical team members to communicate with each other during flight;
  - 13. Interior patient compartment wall and floor coverings that are:
    - a. Free of cuts or tears,
    - b. Capable of being disinfected, and
    - c. Maintained in a sanitary manner; and
  - 14. If a rotor-wing air ambulance, the following:
    - a. A searchlight that:
      - i. Has a range of motion of at least 90 degrees vertically and 180 degrees horizontally,
      - ii. Is capable of illuminating a landing site, and
      - iii. Is located so that the pilot can operate the searchlight without removing the pilot's hands from the aircraft's flight controls;
    - b. Restraining devices that can be used to prevent a patient from interfering with the pilot or the aircraft's flight controls; and
    - c. A light to illuminate the tail rotor.
- B. An applicant or certificate holder shall ensure that:
- 1. Except as provided in subsection (C), each air ambulance has the equipment and supplies required in Table 1 for each mission level for which the air ambulance is used; and
  - 2. The equipment and supplies on an air ambulance are secured, stored, and maintained in a manner that prevents hazards to personnel and patients.
- C. A certificate holder may conduct an interfacility critical care mission using an air ambulance that does not have all of the equipment and supplies required in Table 1 for the mission level if:
- 1. Care of the patient to be transported necessitates use of life-support equipment that because of its size or weight or both makes it unsafe or impossible for the air ambulance to carry all of the equipment and supplies required in Table 1 for the mission level, as determined by the certificate holder based upon:
    - a. The individual aircraft's capabilities,
    - b. The size and weight of the equipment and supplies required in Table 1 and of the additional life-support equipment,
    - c. The composition of the required medical team, and
    - d. Environmental factors such as density altitude;
  - 2. The certificate holder ensures that, during the mission, the air ambulance has the equipment and supplies necessary to provide an appropriate level of medical care for the patient and to protect the health and safety of the personnel on the mission;
  - 3. The certificate holder ensures that, during the mission, the air ambulance is not directed by the air ambulance service or another person to conduct another mission before returning to a base location;
  - 4. The certificate holder ensures that the air ambulance is not used for another mission until the air ambulance has all of the equipment and supplies required in Table 1 for the mission level; and
  - 5. Within five working days after each interfacility critical care mission conducted as permitted under subsection (C), the certificate holder creates a record that includes the information

required under R9-25-710(A)(8), a description of the life-support equipment used on the mission, a list of the equipment and supplies required in Table 1 that were removed from the air ambulance for the mission, and the justification for conducting the mission as permitted under subsection (C).

**Table 8.1. Minimum Equipment and Supplies Required on Air Ambulances, By Mission Level and Aircraft Type (Authorized by A.R.S. §§ 36-2202(A)(3), (4), and (5); 36-2209(A)(2); and 36-2212)**

X = Required

ALS = Advanced Life Support Mission

BLS = Basic Life Support Mission

CC = Critical Care Mission

FW = Fixed-Wing Aircraft

RW = Rotor-Wing Aircraft

MINIMUM EQUIPMENT AND SUPPLIES	FW	RW	BLS	ALS	CC
<b>A. Ventilation and Airway Equipment</b>					
1. Portable and fixed suction apparatus, with wide-bore tubing, rigid pharyngeal curved suction tip, tonsillar and flexible suction catheters, 5F-14F	X	X	X	X	X
2. Portable and fixed oxygen equipment, with variable flow regulators	X	X	X	X	X
3. Oxygen administration equipment, including tubing; non-rebreathing masks (adult and pediatric sizes); and nasal cannulas (adult and pediatric sizes)	X	X	X	X	X
4. Bag-valve mask, with hand-operated, self-reexpanding bag (adult size), with oxygen reservoir/accumulator; mask (adult, pediatric, infant, and neonate sizes); and valve	X	X	X	X	X
5. Airways, oropharyngeal (adult, pediatric, and infant sizes)	X	X	X	X	X
6. Laryngoscope handle with extra batteries and bulbs, adult and pediatric	X	X	-	X	X
7. Laryngoscope blades, sizes 0, 1, and 2, straight; sizes 3 and 4, straight and curved	X	X	-	X	X
8. Endotracheal tubes, sizes 2.5-5.0 mm cuffed or uncuffed and 6.0-8.0 mm cuffed	X	X	-	X	X
9. Meconium aspirator	X	X	-	X	X
10. 10 mL straight-tip syringes	X	X	-	X	X
11. Stylettes for Endotracheal tubes, adult and pediatric	X	X	-	X	X
12. Magill forceps, adult and pediatric	X	X	-	X	X

MINIMUM EQUIPMENT AND SUPPLIES	FW	RW	BLS	ALS	CC
13. Nasogastric tubes, sizes 5F and 8F, Salem sump sizes 14F and 18F	X	X	-	X	X
14. End-tidal CO <sub>2</sub> detectors, colorimetric or quantitative	X	X	-	X	X
15. Portable automatic ventilator with positive end expiratory pressure	X	X	-	X	X
<b>B. Monitoring and Defibrillation</b>					
1. Automatic external defibrillator	X	X	X	-	-
2. Portable, battery-operated monitor/defibrillator, with tape write-out/recorder, defibrillator pads, adult and pediatric paddles or hands-free patches, ECG leads, adult and pediatric chest attachment electrodes, and capability to provide electrical discharge below 25 watt-seconds	X	X	-	X	X
3. Transcutaneous cardiac pacemaker, either stand-alone unit or integrated into monitor/defibrillator	X	X	-	X	X
<b>C. Immobilization Devices</b>					
1. Cervical collars, rigid, adjustable or in an assortment of adult and pediatric sizes	-	X	X	X	X
2. Head immobilization device, either firm padding or another commercial device	-	X	X	X	X
3. Lower extremity (femur) traction device, including lower extremity, limb support slings, padded ankle hitch, padded pelvic support, and traction strap	-	X	X	X	X
4. Upper and lower extremity immobilization splints	-	X	X	X	X
<b>D. Bandages</b>					
1. Burn pack, including standard package, clean burn sheets	X	X	X	X	X
2. Dressings, including sterile multi-trauma dressings (various large and small sizes); abdominal pads, 10" x 12" or larger; and 4" x 4" gauze sponges	X	X	X	X	X
3. Gauze rolls, sterile (4" or larger)	X	X	X	X	X
4. Elastic bandages, non-sterile (4" or larger)	X	X	X	X	X
5. Occlusive dressing, sterile, 3" x 8" or larger	X	X	X	X	X

MINIMUM EQUIPMENT AND SUPPLIES	FW	RW	BLS	ALS	CC
6. Adhesive tape, including various sizes (1” or larger) hypoallergenic and various sizes (1” or larger) adhesive	X	X	X	X	X
<b>E. Obstetrical</b>					
1. Obstetrical kit (separate sterile kit), including towels, 4” x 4” dressing, umbilical tape, sterile scissors or other cutting utensil, bulb suction, clamps for cord, sterile gloves, at least 4 blankets, and a head cover	X	X	X	X	X
2. An alternate portable patient heat source or 2 heat packs	X	X	X	X	X
<b>F. Miscellaneous</b>					
1. Sphygmomanometer (infant, pediatric, and adult regular and large sizes)	X	X	X	X	X
2. Stethoscope	X	X	X	X	X
3. Pediatric equipment sizing reference guide	X	X	X	X	X
4. Thermometer with low temperature capability	X	X	X	X	X
5. Heavy bandage or paramedic scissors for cutting clothing, belts, and boots	X	X	X	X	X
6. Cold packs	X	X	X	X	X
7. Flashlight (1) with extra batteries	X	X	X	X	X
8. Blankets	X	X	X	X	X
9. Sheets	X	X	X	X	X
10. Disposable emesis bags or basins	X	X	X	X	X
11. Disposable bedpan	X	X	X	X	X
12. Disposable urinal	X	X	X	X	X
13. Properly secured patient transport system	X	X	X	X	X
14. Lubricating jelly (water soluble)	X	X	X	X	X
15. Small volume nebulizer	X	X	-	X	X
16. Glucometer or blood glucose measuring device with reagent strips	X	X	X	X	X
17. Pulse oximeter with pediatric and adult probes	X	X	X	X	X

MINIMUM EQUIPMENT AND SUPPLIES	FW	RW	BLS	ALS	CC
18. Automatic blood pressure monitor	X	X	X	X	X
<b>G. Infection Control (Latex-free equipment shall be available)</b>					
1. Eye protection (full peripheral glasses or goggles, face shield)	X	X	X	X	X
2. Masks	X	X	X	X	X
3. Gloves, non-sterile	X	X	X	X	X
4. Jumpsuits or gowns	X	X	X	X	X
5. Shoe covers	X	X	X	X	X
6. Disinfectant hand wash, commercial antimicrobial (towelette, spray, or liquid)	X	X	X	X	X
7. Disinfectant solution for cleaning equipment	X	X	X	X	X
8. Standard sharps containers	X	X	X	X	X
9. Disposable red trash bags	X	X	X	X	X
10. High-efficiency particulate air mask	X	X	X	X	X
<b>H. Injury Prevention Equipment</b>					
1. Appropriate restraints (such as seat belts) for patient, personnel, and family members	X	X	X	X	X
2. Child safety restraints	X	X	X	X	X
3. Safety vest or other garment with reflective material for each personnel member	-	X	X	X	X
4. Fire extinguisher	X	X	X	X	X
5. Hazardous material reference guide	X	X	X	X	X
6. Hearing protection for patient and personnel	X	X	X	X	X
<b>I. Vascular Access</b>					
1. Intravenous administration equipment, with fluid in bags	X	X	-	X	X
2. Antiseptic solution (alcohol wipes and povidone-iodine wipes)	X	X	-	X	X
3. Intravenous pole or roof hook	X	X	-	X	X

MINIMUM EQUIPMENT AND SUPPLIES	FW	RW	BLS	ALS	CC
4. Intravenous catheters 14G-24G	X	X	-	X	X
5. Intraosseous needles	X	X	-	X	X
6. Venous tourniquet	X	X	-	X	X
7. One of each of the following types of intravenous solution administration sets: a. A set with blood tubing, b. A set capable of delivering 60 drops per cc, and c. A set capable of delivering 10 or 15 drops per cc	X	X	-	X	X
8. Intravenous arm boards, adult and pediatric	X	X	-	X	X
9. IV pump or pumps (minimum of 3 infusion lines)	X	X	-	X	X
10. IV pressure bag	X	X	-	X	X
<b>J. Medications</b>					
1. Agents required in Tables 5.2 and, if applicable, 5.3 for the EMCT classification	X	X	X	X	X

## **ARTICLE 9. GROUND AMBULANCE CERTIFICATE OF NECESSITY**

### **R9-25-901. Definitions (Authorized by A.R.S. § 36-2202 (A))**

In addition to the definitions in A.R.S. § 36-2201 and R9-25-101, the following definitions apply in Articles 9, 10, 11, and 12 unless otherwise specified:

1. “Adjustment” means a modification, correction, or alteration to a rate or charge.
2. “ALS base rate” means the monetary amount assessed to a patient according to A.R.S. § 36-2239(F).
3. “Ambulance Revenue and Cost Report” means Exhibit A or Exhibit B, which records and reports the financial activities of an applicant or a certificate holder.
4. “Application packet” means the fee, documents, forms, and additional information the Department requires to be submitted by an applicant or on an applicant’s behalf.
5. “Back-up agreement” means a written arrangement between a certificate holder and a neighboring certificate holder for temporary coverage during limited times when the neighboring certificate holder’s ambulances are not available for service in its service area.
6. “BLS base rate” means the monetary amount assessed to a patient according to A.R.S. § 36-2239(G).
7. “Certificate holder” means a person to whom the Department issues a certificate of necessity.
8. “Certificate of registration” means an authorization issued by the Department to a certificate holder to operate a ground ambulance vehicle.
9. “Change of ownership” means:
  - a. In the case of ownership by a sole proprietor, 20% or more interest or a beneficial interest is sold or transferred;
  - b. In the case of ownership by a partnership or a private corporation, 20% or more of the stock, interest, or beneficial interest is sold or transferred; or
  - c. The controlling influence changes to the extent that the management and control of the ground ambulance service is significantly altered.
10. “Charge” means the monetary amount assessed to a patient for disposable supplies, medical supplies, medication, and oxygen-related costs.
11. “Chassis” means the part of a ground ambulance vehicle consisting of all base components, including front and rear suspension, exhaust system, brakes, engine, engine hood or cover, transmission, front and rear axles, front fenders, drive train and shaft, fuel system, engine air intake and filter, accelerator pedal, steering wheel, tires, heating and cooling system, battery, and operating controls and instruments.
12. “Convalescent transport” means a scheduled transport other than an interfacility transport.



13. “Dispatch” means the direction to a ground ambulance service or vehicle to respond to a call for EMS or transport.
14. “Driver’s compartment” means the part of a ground ambulance vehicle that contains the controls and instruments for operation of the ground ambulance vehicle.
15. “Financial statements” means an applicant’s balance sheet, annual income statement, and annual cash flow statement.
16. “Frame” means the structural foundation on which a ground ambulance vehicle chassis is constructed.
17. “General public rate” means the monetary amount assessed to a patient by a ground ambulance service for ALS, BLS, mileage, standby waiting, or according to a subscription service contract.
18. “Generally accepted accounting principles” means the conventions, and rules and procedures for accounting, including broad and specific guidelines, established by the Financial Accounting Standards Board.
19. “Goodwill” means the difference between the purchase price of a ground ambulance service and the fair market value of the ground ambulance service’s identifiable net assets.
20. “Gross revenue” means:
  - a. The sum of revenues reported in the Ambulance Revenue and Cost Report Exhibit A, page 2, lines 1, 9, and 20; or
  - b. The sum of revenues reported in the Ambulance Revenue and Cost Report Exhibit B, page 3, lines 1, 24, 25, and 26.
21. “Ground ambulance service” means an ambulance service that operates on land.
22. “Ground ambulance service contract” means a written agreement between a certificate holder and a person for the provision of ground ambulance service.
23. “Ground ambulance vehicle” means a motor vehicle, defined in A.R.S. § 28-101, specifically designed to transport ambulance attendants and patients on land.
24. “Indirect costs” means the cost of providing ground ambulance service that does not include the costs of equipment.
25. “Interfacility transport” means a scheduled transport between two health care institutions.
26. “Level of service” means ALS or BLS ground ambulance service, including the type of ambulance attendants used by the ground ambulance service.
27. “Major defect” means a condition that exists on a ground ambulance vehicle that requires the Department or the certificate holder to place the ground ambulance vehicle out-of-service.
28. “Mileage rate” means the monetary amount assessed to a patient for each mile traveled from the point of patient pick-up to the patient’s destination point.

29. “Minor defect” means a condition that exists on a ground ambulance vehicle that is not a major defect.
30. “Needs assessment” means a study or statistical analysis that examines the need for ground ambulance service within a service area or proposed service area that takes into account the current or proposed service area’s medical, fire, and police services.
31. “Out-of-service” means a ground ambulance vehicle cannot be operated to transport patients.
32. “Patient compartment” means the ground ambulance vehicle body part that holds a patient.
33. “Public necessity” means an identified population needs or requires all or part of the services of a ground ambulance service.
34. “Response code” means the priority assigned to a request for immediate dispatch by a ground ambulance service on the basis of the information available to the certificate holder or the certificate holder’s dispatch authority.
35. “Response time” means the difference between the time a certificate holder is notified that a need exists for immediate dispatch and the time the certificate holder’s first ground ambulance vehicle arrives at the scene. Response time does not include the time required to identify the patient’s need, the scene, and the resources necessary to meet the patient’s need.
36. “Response-time tolerance” means the percentage of actual response times for a response code and scene locality that are compliant with the response time approved by the Department for the response code and scene locality, for any 12-month period.
37. “Rural area” means a geographic region with a population of less than 40,000 residents that is not a suburban area.
38. “Scene locality” means an urban, suburban, rural, or wilderness area.
39. “Scheduled transport” means to convey a patient at a prearranged time by a ground ambulance vehicle for which an immediate dispatch and response is not necessary.
40. “Service area” means the geographical boundary designated in a certificate of necessity using the criteria in A.R.S. § 36-2233(E).
41. “Settlement” means the difference between the monetary amount Medicare establishes or AHCCCS pays as an allowable rate and the general public rate a ground ambulance service assesses a patient.
42. “Standby waiting rate” means the monetary amount assessed to a patient by a certificate holder when a ground ambulance vehicle is required to wait in excess of 15 minutes to load or unload the patient, unless the excess delay is caused by the ground ambulance vehicle or the ambulance attendants on the ground ambulance vehicle.
43. “Subscription service” means the provision of EMS or transport by a certificate holder to a group of individuals within the certificate holder’s service area and the allocation of annual costs among the group of individuals.

44. “Subscription service contract” means a written agreement for subscription service.
45. “Subscription service rate” means the monetary amount assessed to a person under a subscription service contract.
46. “Substandard performance” means a certificate holder’s:
  - a. Noncompliance with A.R.S. Title 36, Chapter 21.1, Articles 1 and 2, or 9 A.A.C. 25, or the terms of the certificate holder’s certificate of necessity, including all decisions and orders issued by the Director to the certificate holder;
  - b. Failure to ensure that an ambulance attendant complies with A.R.S. Title 36, Chapter 21.1, Articles 1 and 2, or 9 A.A.C. 25, for the level of ground ambulance service provided by the certificate holder; or
  - c. Failure to meet the requirements in 9 A.A.C. 25, Article 10.
47. “Suburban area” means a geographic region within a 10-mile radius of an urban area that has a population density equal to or greater than 1,000 residents per square mile.
48. “Third-party payor” means a person, other than a patient, who is financially responsible for the payment of a patient’s assessed general public rates and charges for EMS or transport provided to the patient by a ground ambulance service.
49. “Transfer” means:
  - a. A change of ownership or type of business entity; or
  - b. To move a patient from a ground ambulance vehicle to an air ambulance.
50. “Transport” means the conveyance of one or more patients in a ground ambulance vehicle from the point of patient pick-up to the patient’s initial destination.
51. “Type of ground ambulance service” means an interfacility transport, a convalescent transport, or a transport that requires an immediate response.
52. “Urban area” means a geographic region delineated as an urbanized area by the United States Department of Commerce, Bureau of the Census.
53. “Wilderness area” means a geographic region that has a population density of less than one resident per square mile.

**R9-25-902. Application for an Initial Certificate of Necessity; Provision of ALS Services; Transfer of a Certificate of Necessity (Authorized by A.R.S. §§ 36-2204, 36-2232, 36-2233(B), 36-2236(A) and (B), 36-2240)**

- A. An applicant for an initial certificate of necessity shall submit to the Department an application packet, in a Department-provided format, that includes:
  1. An application form that contains:
    - a. The legal business or corporate name, address, telephone number, and facsimile number of the ground ambulance service;
    - b. The name, title, address, e-mail address, and telephone number of the following:

- i. Each applicant and individual responsible for managing the ground ambulance service;
  - ii. The business representative or designated manager;
  - iii. The individual to contact to access the ground ambulance service's records required in R9-25-910; and
  - iv. The statutory agent for the ground ambulance service, if applicable;
- c. The name, address, and telephone number of the base hospital or centralized medical direction communications center for the ground ambulance service;
- d. The address and telephone number of the ground ambulance service's dispatch center;
- e. The address and telephone number of each suboperation station located within the proposed service area;
- f. Whether the ground ambulance service is a corporation, partnership, sole proprietorship, limited liability corporation, or other;
- g. Whether the business entity is proprietary, non-profit, or governmental;
- h. A description of the communication equipment to be used in each ground ambulance vehicle and suboperation station;
- i. The make and year of each ground ambulance vehicle to be used by the ground ambulance service;
- j. The number of ambulance attendants and the type of licensure, certification, or registration for each attendant;
- k. The proposed hours of operation for the ground ambulance service;
- l. The type of ground ambulance service;
- m. The level of ground ambulance service;
- n. Acknowledgment that the applicant:
  - i. Is requesting to operate ground ambulance vehicles and a ground ambulance service in this state;
  - ii. Has received a copy of 9 A.A.C. 25 and A.R.S. Title 36, Chapter 21.1; and
  - iii. Will comply with the Department's statutes and rules in any matter relating to or affecting the ground ambulance service;
- o. A statement that any information or documents submitted to the Department are true and correct; and
- p. The signature of the applicant or the applicant's designated representative and the date signed;

2. The following information:
  - a. Where the ground ambulance vehicles in subsection (A)(1)(i) are located within the applicant's proposed service area;
  - b. A statement of the proposed general public rates;
  - c. A statement of the proposed charges;
  - d. The applicant's proposed response times, response codes, and response-time tolerances for each scene locality in the proposed service area, based on the following:
    - i. The population demographics within the proposed service area;
    - ii. The square miles within the proposed service area;
    - iii. The medical needs of the population within the proposed service area;
    - iv. The number of anticipated requests for each type and level of ground ambulance service in the proposed service area;
    - v. The available routes of travel within the proposed service area;
    - vi. The geographic features and environmental conditions within the proposed service area; and
    - vii. The available medical and emergency medical resources within the proposed service area;
  - e. A plan to provide temporary ground ambulance service to the proposed service area for a limited time when the applicant is unable to provide ground ambulance service to the proposed service area;
  - f. Whether a ground ambulance service currently operates in all or part of the proposed service area and if so, where; and
  - g. Whether an applicant or a designated manager:
    - i. Has ever been convicted of a felony or a misdemeanor involving moral turpitude,
    - ii. Has ever had a license or certificate of necessity for a ground ambulance service suspended or revoked by any state or political subdivision, or
    - iii. Has ever operated a ground ambulance service without the required certification or licensure in this or any other state;
3. The following documents:
  - a. A description of the proposed service area by any method specified in A.R.S. § 36-2233(E) and a map that illustrates the proposed service area;
  - b. A projected Ambulance Revenue and Cost Report;
  - c. The financing agreement for all capital acquisitions exceeding \$5,000;

- d. The source and amount of funding for cash flow from the date the ground ambulance service commences operation until the date cash flow covers monthly expenses;
    - e. Any proposed ground ambulance service contract under A.R.S. §§ 36-2232(A)(1) and 36-2234(K);
    - f. The information and documents specified in R9-25-1101, if the applicant is requesting to establish general public rates;
    - g. Any subscription service contract under A.R.S. §§ 36-2232(A)(1) and 36-2237(B);
    - h. A certificate of insurance or documentation of self-insurance required in A.R.S. § 36-2237(A) and R9-25-909;
    - i. A surety bond if required under A.R.S. § 36-2237(B); and
    - j. The applicant's and designated manager's resume or other description of experience and qualification to operate a ground ambulance service; and
  - 4. Any documents, exhibits, or statements that may assist the Director in evaluating the application or any other information or documents needed by the Director to clarify incomplete or ambiguous information or documents.
- B.** Before an applicant provides ALS, the applicant shall submit to the Department the application packet required in subsection (A) and the following:
- 1. A current written contract for ALS medical direction; and
  - 2. Proof of professional liability insurance for ALS personnel required in R9-25-909(A)(1)(b).
- C.** When requesting a transfer of a certificate of necessity:
- 1. The person wanting to transfer the certificate of necessity shall submit a letter to the Department that contains:
    - a. A request that the certificate of necessity be transferred, and
    - b. The name of the person to whom the certificate of necessity is to be transferred; and
  - 2. The person identified in subsection (C)(1)(b) shall submit:
    - a. The application packet in subsection (A); and
    - b. The information in subsection (B), if ALS is provided.
- D.** An applicant shall submit the following fees:
- 1. \$100 application filing fee for an initial certificate of necessity, or
  - 2. \$50 application filing fee for a transfer of a certificate of necessity.
- E.** The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

**R9-25-903. Determining Public Necessity (A.R.S. § 36-2233(B)(2))**

- A. In determining public necessity for an initial or amended certificate of necessity, the Director shall consider the following:
1. The response times, response codes, and response-time tolerances proposed by the applicant for the service area;
  2. The population demographics within the proposed service area;
  3. The geographic distribution of health care institutions within and surrounding the service area;
  4. Whether issuing a certificate of necessity to more than one ambulance service within the same service area is in the public's best interest, based on:
    - a. The existence of ground ambulance service to all or part of the service area;
    - b. The response times of and response-time tolerances for ground ambulance service to all or part of the service area;
    - c. The availability of certificate holders in all or part of the service area; and
    - d. The availability of emergency medical services in all or part of the service area;
  5. The information in R9-25-902(A)(1) and (A)(2); and
  6. Other matters determined by the Director or the applicant to be relevant to the determination of public necessity.
- B. In deciding whether to issue a certificate of necessity to more than one ground ambulance service for convalescent or interfacility transport for the same service area or overlapping service areas, the Director shall consider the following:
1. The factors in subsections (A)(2), (A)(3), (A)(4)(a), (A)(4)(c), (A)(4)(d), (A)(5), and (A)(6);
  2. The financial impact on certificate holders whose service area includes all or part of the service area in the requested certificate of necessity;
  3. The need for additional convalescent or interfacility transport; and
  4. Whether a certificate holder for the service area has demonstrated substandard performance.
- C. In deciding whether to issue a certificate of necessity to more than one ground ambulance service for a 9-1-1 or similarly dispatched transport within the same service area or overlapping service areas, the Director shall consider the following:
1. The factors in subsections (A), (B)(2), and (B)(4);
  2. The difference between the response times in the service area and proposed response times by the applicant;
  3. A needs assessment adopted by a political subdivision, if any; and
  4. A needs assessment, referenced in A.R.S. § 36-2210, adopted by a local emergency medical services coordinating system, if any.

**R9-25-904. Application for Renewal of a Certificate of Necessity (A.R.S. §§ 36-2233, 36-2235, 36-2240)**

- A. An applicant for a renewal of a certificate of necessity shall submit to the Department, not less than 60 days before the expiration date of the certificate of necessity, an application packet that includes:
1. An application form that contains the information in R9-25-902(A)(1)(a) through (A)(1)(m) and the signature of the applicant;
  2. Proof of continuous insurance coverage or a statement of continuing self-insurance, including a copy of the current certificate of insurance or current statement of self-insurance required in R9-25-909;
  3. Proof of continued coverage by a surety bond if required under A.R.S. §§ 36-2237(B);
  4. A copy of the list of current charges required in R9-25-1109;
  5. An affirmation that the certificate holder has and is continuing to meet the conditions of the certificate of necessity, including assessing only those rates and charges approved and set by the Director; and
  6. \$50 application filing fee.
- B. A certificate holder who fails to file a timely application for renewal of the certificate of necessity according to A.R.S. § 36-2235 and this Section, shall cease operations at 12:01 a.m. on the date the certificate of necessity expires.
- C. To commence operations after failing to file a timely renewal application, a person shall file an initial certificate of necessity application according to R9-25-902 and meet all the requirements for an initial certificate of necessity.
- D. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

**R9-25-905. Application for Amendment of a Certificate of Necessity (A.R.S. §§ 36-2232(A)(4), 36-2240)**

- A. A certificate holder that wants to amend its certificate of necessity shall submit to the Department the application form in R9-25-902(A)(1) and an application filing fee of \$50 for changes in:
1. The legal name of the ground ambulance service;
  2. The legal address of the ground ambulance service;
  3. The level of ground ambulance service;
  4. The type of ground ambulance service;
  5. The service area; or
  6. The response times, response codes, or response-time tolerances.
- B. In addition to the application form in subsection (A), an amending certificate holder shall submit:



1. For the addition of ALS ground ambulance service, the information required in R9-25-902(B)(1) and (B)(2).
2. For a change in the service area, the information required in R9-25-902(A)(3)(a);
3. For a change in response times, the information required in subsection R9-25-902(A)(2)(d);
4. A statement explaining the financial impact and impact on patient care anticipated by the proposed amendment;
5. Any other information or documents requested by the Director to clarify incomplete or ambiguous information or documents; and
6. Any documents, exhibits, or statements that the amending certificate holder wishes to submit to assist the Director in evaluating the proposed amendment.

C. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

**R9-25-906. Determining Response Times, Response Codes, and Response-Time Tolerances for Certificates of Necessity and Provision of ALS Services (A.R.S. §§ 36-2232, 36-2233)**

In determining response times, response codes, and response-time tolerances for all or part of a service area, the Director may consider the following:

1. Differences in scene locality, if applicable;
2. Requirements of a 9-1-1 or similar dispatch system for all or part of the service area;
3. Requirements in a contract approved by the Department between a ground ambulance service and a political subdivision;
4. Medical prioritization for the dispatch of a ground ambulance vehicle according to procedures established by the certificate holder's medical direction authority; and
5. Other matters determined by the Director to be relevant to the measurement of response times, response codes, and response-time tolerances.

**R9-25-907. Observance of Service Area; Exceptions (A.R.S. § 36-2232)**

A certificate holder shall not provide EMS or transport within an area other than the service area identified in the certificate holder's certificate of necessity except:

1. When authorized by a service area's dispatch, before the service area's ground ambulance vehicle arrives at the scene; or
2. According to a back-up agreement.

**R9-25-908. Transport Requirements; Exceptions (A.R.S. §§ 36-2224, 36-2232)**

A certificate holder shall transport a patient except:

1. As limited by A.R.S. § 36-2224;

2. If the patient is in a health care institution and the patient's medical condition requires a level of care or monitoring during transport that exceeds the scope of practice of the ambulance attendants' certification;
3. If the transport may result in an immediate threat to the ambulance attendant's safety, as determined by the ambulance attendant, certificate holder, or medical direction authority;
4. If the patient is more than 17 years old and refuses to be transported; or
5. If the patient is in a health care institution and does not meet the federal requirements for medically necessary ground vehicle ambulance transport as identified in 42 CFR 410.40.

**R9-25-909. Certificate of Insurance or Self-Insurance (A.R.S. §§ 36-2232, 36-2233, 36-2237)**

A. A certificate holder shall:

1. Maintain with an insurance company authorized to transact business in this state:
  - a. A minimum single occurrence automobile liability insurance coverage of \$500,000 for ground ambulance vehicles; and
  - b. A minimum single occurrence malpractice or professional liability insurance coverage of \$500,000; or
2. Be self-insured for the amounts in subsection (A)(1).

B. A certificate holder shall submit to the Department:

1. A copy of the certificate of insurance; or
2. Documentation of self-insurance.

C. A certificate holder shall submit a copy of the certificate of insurance to the Department no later than five days after the date of issuance of:

1. A renewal of the insurance policy; or
2. A change in insurance coverage or insurance company.

**R9-25-910. Record and Reporting Requirements (A.R.S. §§ 36-2232, 36-2241, 36-2246)**

A. A certificate holder shall submit to the Department, no later than 180 days after the certificate holder's fiscal year end, the appropriate Ambulance Revenue and Cost Report.

B. According to A.R.S. § 36-2241, a certificate holder shall maintain the following records for the Department's review and inspection:

1. The certificate holder's financial statements;
2. All federal and state income tax records;
3. All employee-related expense reports and payroll records;
4. All bank statements and documents verifying reconciliation;

5. All documents establishing the depreciation of assets, such as schedules or accounting records on ground ambulance vehicles, equipment, office furniture, and other plant and equipment assets subject to depreciation;
6. All first care forms required in R9-25-514 and R9-25-615;
7. All patient billing and reimbursement records;
8. All dispatch records, including the following:
  - a. The name of the ground ambulance service;
  - b. The month of the record;
  - c. The date of each transport;
  - d. The number assigned to the ground ambulance vehicle by the certificate holder;
  - e. Names of the ambulance attendants;
  - f. The scene;
  - g. The actual response time;
  - h. The response code;
  - i. The scene locality;
  - j. Whether the scene to which the ground ambulance vehicle is dispatched is outside of the certificate holder's service area; and
  - k. Whether the dispatch is a scheduled transport;
9. All ground ambulance service back-up agreements, contracts, grants, and financial assistance records related to ground ambulance vehicles, EMS, and transport;
10. All written ground ambulance service complaints; and
11. Information about destroyed or otherwise irretrievable records in a file including:
  - a. A list of each record destroyed or otherwise irretrievable;
  - b. A description of the circumstances under which each record became destroyed or otherwise irretrievable; and
  - c. The date each record was destroyed or became otherwise irretrievable.

**R9-25-911. Ground Ambulance Service Advertising (A.R.S. § 36-2232)**

- A. A certificate holder shall not advertise that it provides a type or level of ground ambulance service or operates in a service area different from that granted in the certificate of necessity.
- B. When advertising, a certificate holder shall not direct the circumvention of the use of 9-1-1 or another similarly designated emergency telephone number.

**R9-25-912. Disciplinary Action (A.R.S. §§ 36-2244, 36-2245)**

- A. After notice and opportunity to be heard is given according to the procedures in A.R.S. Title 41, Chapter 6, Article 10, a certificate of necessity may be suspended, revoked, or other disciplinary action taken for the following reasons:
  1. The certificate holder has:
    - a. Demonstrated substandard performance; or
    - b. Been determined not to be fit and proper by the Director;
  2. The certificate holder has provided false information or documents:

- a. On an application for a certificate of necessity;
    - b. Regarding any matter relating to its ground ambulance vehicles or ground ambulance service;  
or
    - c. To a patient, third-party payor, or other person billed for service; or
  - 3. The certificate holder has failed to:
    - a. Comply with the applicable requirements of A.R.S. Title 36, Chapter 21.1, Articles 1 and 2 or 9 A.A.C. 25; or
    - b. Comply with any term of its certificate of necessity or any rates and charges schedule filed by the certificate holder and approved by the Department.
- B. In determining the type of disciplinary action to impose under A.R.S. § 36-2245, the Director shall consider:
- 1. The severity of the violation relative to public health and safety;
  - 2. The number of violations relative to the annual transport volume of the certificate holder;
  - 3. The nature and circumstances of the violation;
  - 4. Whether the violation was corrected, the manner of correction, and the time-frame involved; and
  - 5. The impact of the penalty or assessment on the provision of ground ambulance service in the certificate holder's service area.

## Exhibit 9A. Ambulance Revenue and Cost Report, General Information and Certification

Legal Name of Company: \_\_\_\_\_ CON No. \_\_\_\_\_  
D.B.A. (Doing Business As): \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_  
Financial Records Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address (If Different): \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Owner/Manager: \_\_\_\_\_  
Report Contact Person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_  
Report for Period From: \_\_\_\_\_ To: \_\_\_\_\_  
Method of Valuing Inventory: LIFO: ( ) FIFO: ( ) Other (Explain): \_\_\_\_\_

Please attach a list of all affiliated organizations (parents/subsidiaries) that exhibit at least 5% ownership/ vesting.

### **CERTIFICATION**

*I hereby certify that I have directed the preparation of the Arizona Ambulance Revenue and Cost Report for the facility listed above in accordance with the reporting requirements of the State of Arizona.*

*I have read this report and hereby certify that the information provided is true and correct to the best of my knowledge.*

***This report has been prepared using the accrual basis of accounting.***

*Authorized Signatur* \_\_\_\_\_

*Title:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Mail to:

Department of Health Services  
Bureau of Emergency Medical Services and Trauma System  
Certificate of Necessity and Rates Section  
150 North 18<sup>th</sup> Avenue, Suite 540, Phoenix, AZ 85007  
Telephone: (602) 364-3150; Fax: (602) 364-3567

Revised December 2013

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

### STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
01	Number of ALS Billable Runs . . . . .	_____	_____	_____	_____
02	Number of BLS Billable Runs . . . . .	_____	_____	_____	_____
03	Number of Loaded Billable Miles . . . . .	_____	_____	_____	_____
04	Waiting Time (Hr. & Min.) . . . . .	_____	_____	_____	_____
05	Total Canceled (Non-Billable) Runs . . . . .	_____	_____	_____	_____
					Number

#### Volunteer Services: (OPTIONAL)

					Donated Hours
06	Paramedic, EMT-I(99), and AEMT . . . . .				_____
07	Emergency Medical Technician (EMT) . . . . .				_____
08	Other Ambulance Attendants . . . . .				_____
09	Total Volunteer Hours . . . . .				_____

\*\*This column reports only those runs where a contracted discount rate was applied. See Page 7 to provide additional information regarding discounted contract runs.

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

### STATISTICAL SUPPORT DATA

Line No.	TYPE OF SERVICE	(1) SUBSIDIZED PATIENTS	(2) NON- SUBSIDIZED PATIENTS	(3) TOTALS
01	Number of Advanced Life Support Billable Runs . . . . .	_____	_____	_____
02	Number of Basic Life Support Billable Runs . . . . .	_____	_____	_____
03	Number of Loaded Billable Miles . . . . .	_____	_____	_____
04	Waiting Time (Hours and Minutes) . . . . .	_____	_____	_____
05	Total Canceled (Non-Billable) Runs . . . . .	_____	_____	_____
				Number
	Volunteer Services: (OPTIONAL)			Donated Hours
06	Paramedic, EMT-I(99), and AEMT . . . . .			_____
07	Emergency Medical Technician (EMT) . . . . .			_____
08	Other Ambulance Attendants _____ . . . . .			_____
09	Total Volunteer Hours . . . . .			_____

Note: This page and page 3.1, Routine Operating Revenue, are only for those governmental agencies that apply subsidy to patient billings.

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

### STATEMENT OF INCOME

<u>Line</u> <u>No.</u>	<u>DESCRIPTION</u>	<u>FROM</u>	
	Operating Revenue:		
01	Ambulance Service Routine Operating Revenue . . . . .	Page 3 Line 10	\$ _____
	Less:		
02	AHCCCS Settlement . . . . .		_____
03	Medicare Settlement . . . . .		_____
04	Contractual Discounts . . . . .	Page 7 Line 22	_____
05	Subscription Service Settlement . . . . .	Page 8 Line 4	_____
06	Other (Attach Schedule) . . . . .		_____
07	Total . . . . .		_____
08	Net Revenue from Ambulance Runs . . . . .		\$ _____
09	Sales of Subscription Service Contracts . . . . .	Page 8 Line 8	_____
10	Total Operating Revenue . . . . .		\$ _____
	Ambulance Operating Expenses:		
11	Bad Debt (Includes Subscription Services Bad Debt)		\$ _____
12	Wages, Payroll Taxes, and Employee Benefits . . . . .	Page 4 Line 22	_____
13	General and Administrative Expenses . . . . .	Page 5 Line 20	_____
14	Cost of Goods Sold . . . . .	Page 3 Line 15	_____
15	Other Operating Expenses . . . . .	Page 6 Line 28	_____
16	Interest Expense (Attach Schedule IV) . . . . .	Page 14 CI 4 & 5 Line 28	_____
17	Subscription Service Direct Selling . . . . .	Page 8 Line 23	_____
18	Total Operating Expenses . . . . .		_____
19	Ambulance Service Income (Loss) (Line 10 minus Line 18) . . . . .		\$ _____
	Other Revenue/Expenses:		
20	Other Operating Revenue and Expenses . . . . .	Page 9 Line 17	\$ _____
21	Non-Operating Revenue and Expense . . . . .		_____
22	Non-Deductible Expenses (Attach Schedule) . . . . .		_____
23	Total Other Revenues/Expenses . . . . .		_____
24	Ambulance Service Income (Loss) - Before Income Taxes . . . . .		\$ _____
	Provision for Income Taxes:		
25	Federal Income Tax . . . . .		\$ _____
26	State Income Tax . . . . .		_____
27	Total Income Tax . . . . .		_____
28	Ambulance Service - Net Income (Loss) . . . . .		\$ _____



## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

### ROUTINE OPERATING REVENUE

Line

No. DESCRIPTION \_\_\_\_\_

Ambulance Service Routine Operating Revenue:

01	ALS Base Rate .....	\$ _____
02	BLS Base Rate .....	_____
03	Mileage Charge .....	_____
04	Waiting Charge .....	_____
05	Medical Supplies (Gross Charges) .....	_____
06	Nurses Charges .....	_____
07	Total .....	\$ _____
08	Standby Revenue (Attach Schedule) .....	_____
09	Other Ambulance Service Revenue (Attach Schedule) .....	_____
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 01) .....	\$ _____

### COST OF GOODS SOLD: (MEDICAL SUPPLIES)

11	Inventory at Beginning of Year .....	_____
12	Plus Purchases .....	_____
13	Plus Other Costs .....	_____
14	Less Inventory at End of Year .....	(_____)
15	Cost of Goods Sold (To Page 2, Line 14) .....	\$ _____

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

### ROUTINE OPERATING REVENUE

Line No. DESCRIPTION	(1) SUBSIDIZED PATIENTS	(2) NON- SUBSIDIZED PATIENTS	(3)  TOTALS
<b>AMBULANCE SERVICE OPERATING REVENUE</b>			
01 ALS Base Rate . . . . .	\$ _____	\$ _____	\$ _____
02 BLS Base Rate . . . . .	_____	_____	_____
03 Mileage Charge . . . . .	_____	_____	_____
04 Waiting Charge . . . . .	_____	_____	_____
05 Medical Supplies (Gross Charges) . . . . .	_____	_____	_____
06 Nurses' Charges . . . . .	_____	_____	_____
07 Total . . . . .	\$ _____	\$ _____	\$ _____
08 Standby Revenue (Attach Schedule) . . . . .			_____
09 Other Ambulance Service Revenue (Attach Schedule) . . . . .			_____
10 Total Ambulance Service Routine Operating Revenue (Column 3 to Page 2, Line 01) . . . . .			\$ _____
Less:			
11 AHCCCS Settlement . . . . .	\$ _____	\$ _____	\$ _____
12 Medicare Settlement . . . . .	_____	_____	_____
13 Subsidy . . . . .	_____	xxxxxxxxxxxxxx	_____
14 Other (Attach Schedule) . . . . .	_____	_____	_____
15 Total Settlements (Column 3 to Page 2, Line 06) . . . . .	\$ _____	\$ _____	\$ _____
<b>Cost of Goods Sold:</b>			
16 Inventory at Beginning of Year . . . . .			\$ _____
17 Plus Purchases . . . . .			_____
18 Plus Other Costs . . . . .			_____
19 Less Inventory at End of Year . . . . .			( _____ )
20 Cost of Goods Sold (Column 3 to Page 2, Line 14) . . . . .			\$ _____

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

### WAGES, PAYROLL TAXES, AND EMPLOYEE BENEFITS

Line No.	DESCRIPTION	No. of *F.T.E.s	AMOUNT
01	Gross Wages - OFFICERS/OWNERS (Attach Schedule I, Page 10, Line 7) . . .	_____	\$ _____
02	Payroll Taxes . . . . .	_____	_____
03	Employee Fringe Benefits . . . . .	_____	_____
04	Total . . . . .	_____	\$ _____
05	Gross Wages - MANAGEMENT (Attach Schedule II) . . . . .	_____	\$ _____
06	Payroll Taxes . . . . .	_____	_____
07	Employee Fringe Benefits . . . . .	_____	_____
08	Total . . . . .	_____	\$ _____
<b>Gross Wages - AMBULANCE PERSONNEL (Attach Schedule II)</b>			
	**Casual Labor	Wages	
09	Paramedic, EMT-I(99), and AEMT . . . . .	_____	\$ _____
10	Emergency Medical Technician (EMT) . . . . .	_____	_____
11	Nurses . . . . .	_____	_____
12	Payroll Taxes . . . . .	_____	_____
13	Employee Fringe Benefits . . . . .	_____	_____
14	Total . . . . .	_____	\$ _____
<b>Gross Wages - OTHER PERSONNEL (Attach Schedule II)</b>			
15	Dispatch . . . . .	_____	\$ _____
16	Mechanics . . . . .	_____	_____
17	Office and Clerical . . . . .	_____	_____
18	Other . . . . .	_____	_____
19	Payroll Taxes . . . . .	_____	_____
20	Employee Fringe Benefits . . . . .	_____	_____
21	Total . . . . .	_____	\$ _____
22	Total F.T.E.s' Wages, Payroll Taxes, & Employee Benefits (To Page 2, Line 12) . .	_____	\$ _____

\* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

\*\* The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However, when calculating F.T.E.s, do not include casual labor hours worked or expenses incurred.

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

### WAGES, PAYROLL TAXES, AND EMPLOYEE BENEFITS 1

Line No. DESCRIPTION	(1) No. of *F.T.E.s	(2) Total Expenditure	(3) Allocation Percentage	(4) Ambulance Amount
01 Gross Wages - Management (Attach Schedule II) . . . . .	_____	\$ _____	_____	_____
02 Payroll Taxes . . . . .	_____	_____	_____	_____
03 Employee Fringe Benefits . . . . .	_____	_____	_____	_____
04 Total . . . . .	_____	\$ _____	_____	_____
<b>Gross Wages - Ambulance Personnel</b> (Attach Schedule):				
	<u>**Contractual</u>	<u>Wages</u>		
05 Paramedic, EMT-I(99), and AEMT . . . . .	_____	\$ _____	_____	_____
06 Emergency Medical Technician (EMT) . . . . .	_____	_____	_____	_____
07 Nurses . . . . .	_____	_____	_____	_____
08 Drivers . . . . .	_____	_____	_____	_____
09 Payroll Taxes . . . . .	_____	_____	_____	_____
10 Employee Fringe Benefits . . . . .	_____	_____	_____	_____
11 Total . . . . .	_____	\$ _____	_____	_____
<b>Gross Wages - Other Personnel</b> (Attach Schedule II):				
12 Dispatch . . . . .	_____	\$ _____	_____	_____
13 Mechanics . . . . .	_____	_____	_____	_____
14 Office and Clerical . . . . .	_____	_____	_____	_____
15 Other . . . . .	_____	_____	_____	_____
16 Payroll Taxes . . . . .	_____	_____	_____	_____
17 Employee Fringe Benefits . . . . .	_____	_____	_____	_____
18 Total . . . . .	_____	\$ _____	_____	_____
19 Total F.T.E.s' Wages, Payroll Taxes, and Employee Benefits (To Page 2, Line 12) _____		\$ _____	_____	_____

\* Full-Time Equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

\*\* The sum of Contractual + Wages paid is entered in Column 2 by line item. However, when calculating F.T.E.s, do not include contractual hours worked or expenses incurred.

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

WAGES, PAYROLL TAXES, AND EMPLOYEE BENEFITS

Line

**No. DESCRIPTION**

**Basis of Allocations**

01	Gross Wages - Management .....	_____
02	Payroll Taxes .....	_____
03	Employee Fringe Benefits .....	_____
04	Total .....	_____

**Gross Wages - Ambulance Personnel:**

**Contractual**

**Wages**

05	Paramedic, EMT-I(99), and AEMT .....	_____	_____
06	Emergency Medical Technician (EMT) .....	_____	_____
07	Nurses .....	_____	_____
08	Drivers .....	_____	_____
09	Payroll Taxes .....	_____	_____
10	Employee Fringe Benefits .....	_____	_____
11	Total .....	_____	_____

**Gross Wages - Other Personnel:**

12	Dispatch .....	_____
13	Mechanics .....	_____
14	Office and Clerical .....	_____
15	Other .....	_____
16	Payroll Taxes .....	_____
17	Employee Fringe Benefits .....	_____
18	Total .....	_____

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

### GENERAL AND ADMINISTRATIVE EXPENSES

Line

No. **DESCRIPTION**

#### **Professional Services:**

01	Legal Fees .....	\$ _____	
02	Collection Fees .....	_____	
03	Accounting and Auditing .....	_____	
04	Data Processing Fees .....	_____	
05	Other (Attach Schedule) .....	_____	
06	Total .....		\$ _____

#### **Travel and Entertainment:**

07	Meals and Entertainment .....	\$ _____	
08	Transportation - Other Company Vehicles .....	_____	
09	Travel .....	_____	
10	Other (Attach Schedule) .....	_____	
11	Total .....		\$ _____

#### **Other General and Administrative:**

12	Office Supplies .....	\$ _____	
13	Postage .....	_____	
14	Telephone .....	_____	
15	Advertising .....	_____	
16	Professional Liability Insurance .....	_____	
17	Dues and Subscriptions .....	_____	
18	Other (Attach Schedule) .....	_____	
19	Total .....		\$ _____
20	Total General and Administrative Expenses (To Page 2, Line 13) .....		\$ _____

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

### GENERAL AND ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
<b>Professional Services:</b>				
01	Legal Fees . . . . .	\$ _____	_____	\$ _____
02	Collection Fees . . . . .	_____	_____	_____
03	Accounting and Auditing . . . . .	_____	_____	_____
04	Data Processing Fees . . . . .	_____	_____	_____
05	Other (Attach Schedule) . . . . .	_____	_____	_____
06	Total . . . . .	\$ _____		\$ _____
<b>Travel and Entertainment:</b>				
07	Meals and Entertainment . . . . .	\$ _____	_____	\$ _____
08	Transportation - Other Company Vehicles . . . . .	_____	_____	_____
09	Travel . . . . .	_____	_____	_____
10	Other (Attach Schedule) . . . . .	_____	_____	_____
11	Total . . . . .	\$ _____		\$ _____
<b>Other General and Administrative:</b>				
12	Office Supplies . . . . .	\$ _____	_____	\$ _____
13	Postage . . . . .	_____	_____	_____
14	Telephone . . . . .	_____	_____	_____
15	Advertising . . . . .	_____	_____	_____
16	Professional Liability Insurance . . . . .	_____	_____	_____
17	Dues and Subscriptions . . . . .	_____	_____	_____
18	Other (Attach Schedule) . . . . .	_____	_____	_____
19	Total . . . . .	\$ _____		\$ _____
20	Total General & Administrative Expenses (to Page 2, Line 13)	\$ _____		\$ _____

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

### GENERAL AND ADMINISTRATIVE EXPENSES (cont.)

Line

No. DESCRIPTION

Basis of Allocations

#### Professional Services:

01	Legal Fees .....	_____
02	Collection Fees .....	_____
03	Accounting and Auditing .....	_____
04	Data Processing Fees .....	_____
05	Other (Attach Schedule) .....	_____
06	Total .....	_____

#### Travel and Entertainment:

07	Meals and Entertainment .....	_____
08	Transportation - Other Company Vehicles .....	_____
09	Travel .....	_____
10	Other (Attach Schedule) .....	_____
11	Total .....	_____

#### Other General and Administrative:

12	Office Supplies .....	_____
13	Postage .....	_____
14	Telephone .....	_____
15	Advertising .....	_____
16	Professional Liability Insurance .....	_____
17	Dues and Subscriptions .....	_____
18	Other (Attach Schedule) .....	_____
19	Total .....	_____



## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

### OTHER OPERATING EXPENSES

Line

**No. OTHER OPERATING EXPENSES**

**Depreciation and Amortization:**

01	Depreciation (Attach Schedule III) (From Line 20, Col I, Page 13) . . . .	\$ _____	
02	Amortization . . . . .	_____	
03	Total . . . . .		\$ _____
04	Rent/Lease (Attach Schedule III) (From Line 20, Col K, Page 13) . . . . .		\$ _____

**Building/Station Expense:**

05	Building and Cleaning Supplies . . . . .	\$ _____	
06	Utilities . . . . .	_____	
07	Property Taxes . . . . .	_____	
08	Property Insurance . . . . .	_____	
09	Repairs and Maintenance . . . . .	_____	
10	Other (Attach Schedule) . . . . .	_____	
11	Total . . . . .		\$ _____

**Vehicle Expense - Ambulance Units:**

12	License/Registration . . . . .	\$ _____	
13	Fuel . . . . .	_____	
14	General Vehicle Service and Maintenance . . . . .	_____	
15	Major Repairs . . . . .	_____	
16	Insurance - Service Vehicles . . . . .	_____	
17	Other (Attach Schedule) . . . . .	_____	
18	Total . . . . .		\$ _____

**Other Expenses:**

19	Dispatch . . . . .	_____	
20	Education/Training . . . . .	_____	
21	Uniforms and Uniform Cleaning . . . . .	_____	
22	Meals and Travel for Ambulance Personnel . . . . .	_____	
23	Maintenance Contracts . . . . .	_____	
24	Minor Equipment - Not Capitalized . . . . .	_____	
25	Ambulance Supplies - Nonchargeable . . . . .	_____	
26	Other (Attach Schedule) . . . . .	_____	
27	Total . . . . .		\$ _____
28	Total Other Operating Expenses (To Page 2, Line 15) . . . . .		\$ _____

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

### OTHER OPERATING EXPENSES

<u>OTHER OPERATING EXPENSES</u>	(1) <u>Total</u> <u>Expenditure</u>	(2) <u>Allocation</u> <u>Percentage</u>	(3) <u>Ambulance</u> <u>Amount</u>
<b>Depreciation and Amortization:</b>			
Depreciation (Attach Schedule III) (From Line 20, Col I, Page 12) . . . . .	\$ _____	_____	_____
Amortization . . . . .	_____	_____	_____
Total . . . . .	\$ _____	_____	_____
Rent/Lease (Attach Schedule III) Line 20, Col K, Page 12 . . . . .	\$ _____	_____	_____
<b>Building/Station Expense:</b>			
Building and Cleaning Supplies . . . . .	\$ _____	_____	_____
Utilities . . . . .	_____	_____	_____
Property Taxes . . . . .	_____	_____	_____
Property Insurance . . . . .	_____	_____	_____
Repairs and Maintenance . . . . .	_____	_____	_____
Other (Attach Schedule) . . . . .	_____	_____	_____
Total . . . . .	\$ _____	_____	_____
<b>Vehicle Expense - Ambulance Units:</b>			
License/Registration . . . . .	\$ _____	_____	_____
Fuel . . . . .	_____	_____	_____
General Vehicle Service and Maintenance . . . . .	_____	_____	_____
Major Repairs . . . . .	_____	_____	_____
Insurance - Service Vehicles . . . . .	_____	_____	_____
Other (Attach Schedule) . . . . .	_____	_____	_____
Total . . . . .	\$ _____	_____	_____
<b>Other Expenses:</b>			
Dispatch . . . . .	\$ _____	_____	_____
Education/Training . . . . .	_____	_____	_____
Uniforms and Uniform Cleaning . . . . .	_____	_____	_____
Meals and Travel for Ambulance Personnel . . . . .	_____	_____	_____
Maintenance Contracts . . . . .	_____	_____	_____
Minor Equipment - Not Capitalized . . . . .	_____	_____	_____
Ambulance Supplies - Nonchargeable . . . . .	_____	_____	_____
Other (Attach Schedule) . . . . .	_____	_____	_____
Total . . . . .	\$ _____	_____	_____
Total Other Operating Expenses (To Page 2, Line 15) . . . . .	\$ _____	_____	_____

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

### OTHER OPERATING EXPENSES

Line

**No. OTHER OPERATING EXPENSES**

**Basis of Allocations**

**Depreciation and Amortization:**

01	Depreciation .....	_____
02	Amortization .....	_____
03	Total .....	_____
04	Rent/Lease .....	_____

**Building/Station Expense:**

05	Building and Cleaning Supplies .....	_____
06	Utilities .....	_____
07	Property Taxes .....	_____
08	Property Insurance .....	_____
09	Repairs and Maintenance .....	_____
10	Other (Attach Schedule) .....	_____
11	Total .....	_____

**Vehicle Expense - Ambulance Units:**

12	License/Registration .....	_____
13	Fuel .....	_____
14	General Vehicle Service and Maintenance .....	_____
15	Major Repairs .....	_____
16	Insurance - Service Vehicles .....	_____
17	Other (Attach Schedule) .....	_____
18	Total .....	_____

**Other Expenses:**

19	Dispatch .....	_____
20	Education/Training .....	_____
21	Uniforms and Uniform Cleaning .....	_____
22	Meals and Travel for Ambulance Personnel .....	_____
23	Maintenance Contracts .....	_____
24	Minor Equipment - Not Capitalized .....	_____
25	Ambulance Supplies - Nonchargeable .....	_____
26	Other (Attach Schedule) .....	_____
27	Total .....	_____

**AMBULANCE REVENUE AND COST REPORT**

**AMBULANCE SERVICE ENTITY:** \_\_\_\_\_

**FOR THE PERIOD FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

DETAIL OF CONTRACTUAL ALLOWANCES

<b>Line</b>		<b>Total</b>		<b>Percent</b>	
<b>No.</b>	<b><u>Name of Contracting Entity</u></b>	<b><u>Billable</u></b>	<b><u>Gross</u></b>	<b><u>Discount</u></b>	<b><u>Allowance</u></b>
		<b><u>Runs</u></b>	<b><u>Billing</u></b>		
01	_____	_____	_____	_____	_____
02	_____	_____	_____	_____	_____
03	_____	_____	_____	_____	_____
04	_____	_____	_____	_____	_____
05	_____	_____	_____	_____	_____
06	_____	_____	_____	_____	_____
07	_____	_____	_____	_____	_____
08	_____	_____	_____	_____	_____
09	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____
16	_____	_____	_____	_____	_____
17	_____	_____	_____	_____	_____
18	_____	_____	_____	_____	_____
19	_____	_____	_____	_____	_____
20	_____	_____	_____	_____	_____
21	_____	_____	_____	_____	_____
22	<b>Total (To Page 2, Line 4)</b>				_____

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

### SUBSCRIPTION SERVICE REVENUE AND DIRECT SELLING EXPENSES

Line

No. Description

To

01 Billings at Fully Established Rate . . . . . \$ \_\_\_\_\_

Less:

02 AHCCCS Settlement . . . . . \_\_\_\_\_

03 Medicare Settlement . . . . . \_\_\_\_\_

04 Subscription Service Settlements . . . . .(To Page 2, Line 5) \_\_\_\_\_

05 Subscription Service Bad Debt . . . . . \_\_\_\_\_

06 Total . . . . . \$ \_\_\_\_\_

07 Net Revenue from Subscription Service Runs . . . . . \_\_\_\_\_

08 Sales of Subscription Service . . . . .(To Page 2, Line 9) \_\_\_\_\_

09 Other Revenue (Attach Schedule) . . . . . \_\_\_\_\_

10 Total Subscription Service Revenue . . . . . \$ \_\_\_\_\_

#### **Direct Expenses Incurred Selling Subscription Contracts:**

11 Salaries/Wages . . . . . \$ \_\_\_\_\_

12 Payroll Taxes . . . . . \_\_\_\_\_

13 Employee Fringe Benefits . . . . . \_\_\_\_\_

14 Professional Services . . . . . \_\_\_\_\_

15 Contract Labor . . . . . \_\_\_\_\_

16 Travel . . . . . \_\_\_\_\_

17 Other General and Administrative Expenses . . . . . \_\_\_\_\_

18 Depreciation/Amortization . . . . . \_\_\_\_\_

19 Rent/Lease . . . . . \_\_\_\_\_

20 Building/Station Expense . . . . . \_\_\_\_\_

21 Transportation/Vehicles . . . . . \_\_\_\_\_

22 Other (Attach Schedule) . . . . . \_\_\_\_\_

23 Total Subscription Service Expenses . . . . .(To Page 2, Line 17) . . . . . \$ \_\_\_\_\_

Page 8

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

### OTHER OPERATING REVENUES AND EXPENSES

Line

**No. DESCRIPTION**

#### Other Operating Revenues:

01	Supportive Funding - Local (Attach Schedule) . . . . .	\$ _____
02	Grant Funds - State (Attach Schedule) . . . . .	_____
03	Grant Funds - Federal (Attach Schedule) . . . . .	_____
04	Grant Funds - Other (Attach Schedule) . . . . .	_____
05	Patient Finance Charges . . . . .	_____
06	Patient Late Payment Charges . . . . .	_____
07	Interest Earned - Related Person/Organization . . . . .	_____
08	Interest Earned - Other . . . . .	_____
09	Gain on Sale of Operating Property . . . . .	_____
10	Other: _____ . . . . .	_____
11	Other: _____ . . . . .	_____
12	Total Operating Revenue . . . . .	\$ _____

#### Other Operating Expenses:

13	Loss on Sale of Operating Property . . . . .	\$ _____
14	Other: _____ . . . . .	_____
15	Other: _____ . . . . .	_____
16	Total Other Operating Expenses . . . . .	\$ _____
17	Net Other Operating Revenues and Expenses (To Page 2, Line 20) . . . . .	\$ _____

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DETAIL OF SALARIES/WAGES  
OFFICERS/OWNERS  
SCHEDULE 1

### Wages Paid by Category

Line No.	Name	Title	% of Owner-ship	Manage-ment	*FTE	EMCT	*FTE	Office	*FTE	Other	*FTE	<u>Totals</u>	
												Wages Paid To Owners	*FTE
01	_____	_____	_____	\$_____	_____	\$_____	_____	\$_____	_____	\$_____	_____	\$_____	_____
02	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
03	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
04	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
05	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
06	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____1	_____
07	<b>TOTAL</b>	=====	=====	\$=====	=====	\$=====	=====	\$=====	=====	\$=====	=====	\$=====	=====

\* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2080.

1 Total wages paid to owners to Page 4 Col 2 Line 01

2 Total FTEs to Page 4 Col 1 Line 01

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

OPERATING EXPENSES  
DETAIL OF SALARIES/WAGES  
SCHEDULE II

Line

No. Detail of Salaries/Wages - Other Than Officers/Owners

**01 MANAGEMENT:**

**METHOD OF COMPENSATION:**

Certification and/or Title	Scheduled Shifts (I.e. 40 or 60 hours a week)	Hourly Wage	Annual Salary	\$s Per Run or Shift
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**02 AMBULANCE PERSONNEL:**

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**03 OTHER PERSONNEL:**

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** \_\_\_\_\_

**FOR THE PERIOD FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

### DEPRECIATION AND/OR RENT/LEASE EXPENSE SCHEDULE III

### AMBULANCE VEHICLES AND ACCESSORIAL EQUIPMENT ONLY

	A	B	C	D	E	F	G	H	I	J	K
Line No.	Description of Property	Date Placed in Service	Cost or Other Basis	Business Use Percent	Basis for Depreciation	Method	Recovery Period	Depreciation Prior Years	Current Year Depreciation	Remaining Basis	Rent/Lease Amount*
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	<b>SUBTOTAL</b>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	XXX	2

\* Complete Description of property, date placed in service, and rent/lease amount only.

1 To Page 13, Line 19, Column I

2 To Page 13, Line 19, Column K

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

### DEPRECIATION AND/OR RENT/LEASE EXPENSE

#### SCHEDULE III

### ALL OTHER ITEMS

	A	B	C	D	E	F	G	H	I	J	K
Line No.	Description of Property	Date Placed in Service	Cost or Other Basis	Business Use Percent	Basis for Depreciation	Method	Recovery Period	Depreciation Prior Years	Current Year Depreciation	Remaining Basis	Rent/Lease Amount*
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
19	SUBTOTAL from Page 12, Line 20	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
20	SUM of Line 18 and 19	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	XXX	4

\* Complete Description of property, date placed in service, and rent/lease amount only.

3 To Page 6, Line 01

4 To Page 6, Line 04

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

### DETAIL OF INTEREST - Schedule IV

Line No.	Description	(1) Interest Rate	(2) Principal Balance Beginning of Period	(3) End of Period	(4) Interest Expense Related Persons or Organizations	(5) Other
	Service Vehicles & Accessorial Equipment					
	Name of Payee:					
01	_____	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
02	_____	_____	_____	_____	_____	_____
03	_____	_____	_____	_____	_____	_____
04	_____	_____	_____	_____	_____	_____
	Communication Equipment					
	Name of Payee:					
05	_____	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
06	_____	_____	_____	_____	_____	_____
07	_____	_____	_____	_____	_____	_____
	Other Property and Equipment					
	Name of Payee:					
08	_____	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
09	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____
	Working Capital					
	Name of Payee:					
11	_____	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
12	_____	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____	_____
	Other					
	Name of Payee:					
14	_____	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
15	TOTAL		\$ _____	\$ _____	\$ _____	\$ _____

----- (To Page 2, Column 2, Line 16) -----

## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** \_\_\_\_\_

**FOR THE PERIOD FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

### BALANCE SHEET

#### ASSETS

##### CURRENT ASSETS

01	Cash	\$	_____
02	Accounts Receivable		_____
03	Less: Allowance for Doubtful Accounts		_____
04	Inventory		_____
05	Prepaid Expenses		_____
06	Other Current Assets		_____
07	TOTAL CURRENT ASSETS	\$	_____

##### PROPERTY & EQUIPMENT

08	Less: Accumulated Depreciation	\$	_____
09	OTHER NONCURRENT ASSETS	\$	_____
10	TOTAL ASSETS	\$	_____

#### LIABILITIES AND EQUITY

##### CURRENT LIABILITIES

11	Accounts Payable	\$	_____
12	Current Portion of Notes Payable		_____
13	Current Portion of Long Term Debt		_____
14	Deferred Subscription Income		_____
15	Accrued Expenses and Other		_____
16	_____		_____
17	_____		_____
18	TOTAL CURRENT LIABILITIES	\$	_____
19	NOTES PAYABLE		_____
20	LONG TERM DEBT OTHER		_____
21	TOTAL LONG-TERM DEBT	\$	_____

##### EQUITY AND OTHER CREDITS

##### Paid-in Capital:

22	Common Stock	\$	_____
23	Paid-In Capital in Excess of Par Value		_____
24	Contributed Capital		_____
25	Retained Earnings		_____
26	Fund Balances		_____
27	TOTAL EQUITY	\$	_____
28	TOTAL LIABILITIES & EQUITY	\$	_____

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

### STATEMENT OF CASH FLOWS

<b>OPERATING ACTIVITIES:</b>		
01	Net (loss) Income	\$ _____
	Adjustments to reconcile net income to net cash provided by operating activities:	
02	Depreciation Expense	_____
03	Deferred Income Tax	_____
04	Loss (gain) on Disposal of Property and Equipment	_____
	(Increase) Decrease in:	
05	Accounts Receivable	_____
06	Inventories	_____
07	Prepaid Expenses	_____
	(Increase) Decrease in:	
08	Accounts Payable	_____
09	Accrued Expenses	_____
10	Deferred Subscription Income	_____
11	Net Cash Provided (Used) by Operating Activities	\$ _____
<b>INVESTING ACTIVITIES:</b>		
12	Purchases of Property and Equipment	\$ _____
13	Proceeds from Disposal of Property and Equipment	_____
14	Purchases of Investments	_____
15	Proceeds from Disposal of Investments	_____
16	Loans Made	_____
17	Collections on Loans	_____
18	Other _____	_____
19	Net Cash Provided (Used) by Investing Activities	\$ _____
<b>FINANCING ACTIVITIES:</b>		
New Borrowings:		
20	Long-Term	\$ _____
21	Short-Term	_____
Debt Reduction:		
22	Long-Term	_____
23	Short-Term	_____
24	Capital Contributions	_____
25	Dividends paid	_____
26	Net Cash Provided (Used) by Financing Activities	\$ _____
27	Net Increase (Decrease) in Cash	\$ _____
28	Cash at Beginning of Year	\$ _____
29	Cash at End of Year	\$ _____
<b>SUPPLEMENTAL DISCLOSURES:</b>		
Non-cash Investing and Financing Transactions:		
31	_____	\$ _____
32	_____	_____
33	Interest Paid (Net of Amounts Capitalized)	_____
34	Income Taxes Paid	_____

**Department of Health Services**  
**Annual Ambulance Financial Report**

---

**Reporting Ambulance Service**

Report Fiscal Year  
**From:**    /    /    **To:**    /    /  
Mo. Day Year    Mo. Day Year

**C E R T I F I C A T I O N**

*I hereby certify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.*

*I have read this report and hereby certify that the information provided is true and correct to the best of my knowledge.*

*This report has been prepared using the accrual basis of accounting.*

Authorized Signatur \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

**Mail to:**

Department of Health Services  
Bureau of Emergency Medical Services and Trauma System  
Certificate of Necessity and Rates Section  
150 North 18<sup>th</sup> Avenue, Suite 540  
Phoenix, AZ 85007  
Telephone: (602) 364-3150  
Fax: (602) 364-3567

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

### STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS	*(2) TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
01	Number of ALS Billable Transports:	_____	_____	_____	_____
02	Number of BLS Billable Transports:	_____	_____	_____	_____
03	Number of Loaded Billable Miles:	_____	_____	_____	_____
04	Waiting Time (Hr. & Min.):	_____	_____	_____	_____
05	Canceled (Non-Billable) Runs:	_____	_____	_____	_____

### AMBULANCE SERVICE ROUTINE OPERATING REVENUE

06	ALS Base Rate Revenue .....		\$ _____
07	BLS Base Rate Revenue .....		_____
08	Mileage Charge Revenue .....		_____
09	Waiting Charge Revenue .....		_____
10	Medical Supplies Charge Revenue .....		_____
11	Nurses Charge Revenue .....		_____
12	Standby Charge Revenue (Attach Schedule) .....		_____
13	TOTAL AMBULANCE SERVICE ROUTINE OPERATING REVENUE .....		\$ _____

### SALARY AND WAGE EXPENSE DETAIL

#### **GROSS WAGES:**

			**No. of F.T.E.s
14	Management .....	\$ _____	\$ _____
15	Paramedics, EMT-I(99)s, and AEMTs .....	\$ _____	\$ _____
16	Emergency Medical Technician (EMT) .....	\$ _____	\$ _____
17	Other Personnel .....	\$ _____	\$ _____
18	Payroll Taxes and Fringe Benefits - All Personnel .....	\$ _____	\$ _____

\*This column reports only those runs where a contracted discount rate was applied.

\*\*Full-time equivalents (F.T.E.) is the sum of all hours for which employees' wages were paid during the year divided by 2080.

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

### SCHEDULE OF REVENUES AND EXPENSES

Line

**No. DESCRIPTION**

**FROM**

**Operating Revenues:**

01 Total Ambulance Service Operating Revenue . . . . . Page 2, Line 13 \$ \_\_\_\_\_

Settlement Amounts:

02 AHCCCS . . . . . ( )

03 Medicare . . . . . ( )

04 Subscription Service . . . . . ( )

05 Contractual . . . . . ( )

06 Other . . . . . ( )

07 Total (Sum of Lines 02 through 06) . . . . . ( )

08 Total Operating Revenue (Line 01 minus Line 07) . . . . . \$ \_\_\_\_\_

**Operating Expenses:**

09 Bad Debt

10 Total Salaries, Wages, and Employee- Related Expenses . . . . . \$ \_\_\_\_\_

11 Professional Services . . . . . \_\_\_\_\_

12 Travel and Entertainment . . . . . \_\_\_\_\_

13 Other General Administrative . . . . . \_\_\_\_\_

14 Depreciation . . . . . \_\_\_\_\_

15 Rent/Leasing . . . . . \_\_\_\_\_

16 Building/Station . . . . . \_\_\_\_\_

17 Vehicle Expense . . . . . \_\_\_\_\_

18 Other Operating Expense . . . . . \_\_\_\_\_

19 Cost of Medical Supplies Charged to Patients . . . . . \_\_\_\_\_

20 Interest . . . . . \_\_\_\_\_

21 Subscription Service Sales Expense . . . . . \_\_\_\_\_

22 Total Operating Expense (Sum of Lines 09 through 21) . . . . . \_\_\_\_\_

23 Total Operating Income or Loss (Line 08 minus Line 22). . . . . \$ \_\_\_\_\_

24 Subscription Contract Sales . . . . . \_\_\_\_\_

25 Other Operating Revenue . . . . . \_\_\_\_\_

26 Local Supportive Funding . . . . . \_\_\_\_\_

27 Other Non-Operating Income (Attach Schedule) . . . . . \_\_\_\_\_

28 Other Non-Operating Expense (Attach Schedule) . . . . . \_\_\_\_\_

29 NET INCOME/(LOSS) (Line 23 plus Sum of Lines 24 through 28) . . . . . \$ \_\_\_\_\_



## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** \_\_\_\_\_

**FOR THE PERIOD FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

### BALANCE SHEET

#### ASSETS

##### CURRENT ASSETS

01	Cash	\$	_____
02	Accounts Receivable		_____
03	Less: Allowance for Doubtful Accounts		_____
04	Inventory		_____
05	Prepaid Expenses		_____
06	Other Current Assets		_____
07	TOTAL CURRENT ASSETS	\$	_____

##### PROPERTY & EQUIPMENT

08	Less: Accumulated Depreciation	\$	_____
09	OTHER NONCURRENT ASSETS	\$	_____
10	TOTAL ASSETS	\$	_____

#### LIABILITIES AND EQUITY

##### CURRENT LIABILITIES

11	Accounts Payable	\$	_____
12	Current Portion of Notes Payable		_____
13	Current Portion of Long term Debt		_____
14	Deferred Subscription Income		_____
15	Accrued Expenses and Other		_____
16	_____		_____
17	_____		_____
18	TOTAL CURRENT LIABILITIES	\$	_____

19	NOTES PAYABLE		_____
20	LONG TERM DEBT OTHER		_____
21	TOTAL LONG-TERM DEBT	\$	_____

##### EQUITY AND OTHER CREDITS

##### Paid-in Capital:

22	Common Stock	\$	_____
23	Paid-In Capital in Excess of Par Value		_____
24	Contributed Capital		_____
25	Retained Earnings		_____
26	Fund Balances		_____
27	TOTAL EQUITY	\$	_____
28	TOTAL LIABILITIES & EQUITY	\$	_____

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

### STATEMENT OF CASH FLOWS

#### OPERATING ACTIVITIES:

01	Net (loss) Income	\$ _____	
	Adjustments to reconcile net income to net cash provided by operating activities:		
02	Depreciation Expense	_____	
03	Deferred Income Tax	_____	
04	Loss (gain) on Disposal of Property and Equipment	_____	
	(Increase) Decrease in:		
05	Accounts Receivable	_____	
06	Inventories	_____	
07	Prepaid Expenses	_____	
	(Increase) Decrease in:		
08	Accounts Payable	_____	
09	Accrued Expenses	_____	
10	Deferred Subscription Income	_____	
11	Net Cash Provided (Used) by Operating Activities		\$ _____

#### INVESTING ACTIVITIES:

12	Purchases of Property and Equipment	_____	
13	Proceeds from Disposal of Property and Equipment	_____	
14	Purchases of Investments	_____	
15	Proceeds from Disposal of Investments	_____	
16	Loans Made	_____	
17	Collections on Loans	_____	
18	Other _____	_____	
19	Net Cash Provided (Used) by Investing Activities		\$ _____

#### FINANCING ACTIVITIES:

	New Borrowings:		
20	Long-Term	_____	
21	Short-Term	_____	
	Debt Reduction:		
22	Long-Term	_____	
23	Short-Term	_____	
24	Capital Contributions	_____	
25	Dividends paid	_____	
26	Net Cash Provided (Used) by Financing Activities		\$ _____
27	Net Increase (Decrease) in Cash		\$ _____
28	Cash at Beginning of Year		\$ _____
29	Cash at End of Year		\$ _____

#### 30 SUPPLEMENTAL DISCLOSURES:

	Non-cash Investing and Financing Transactions:		
31	_____		\$ _____
32	_____		_____
33	Interest Paid (Net of Amounts Capitalized)		_____
34	Income Taxes Paid		_____

## INSTRUCTIONS

### **Page 1: COVER**

---

1. Enter the name of the ambulance service on the line "Reporting Ambulance Service."
2. Print the name and title of the ambulance service's authorized representative on the lines indicated; enter the date of signature; authorized representative must sign the report.

### **Page 2: STATISTICAL SUPPORT DATA and ROUTINE OPERATING REVENUE**

Enter the ambulance service's business name and the appropriate reporting period.

#### **Statistical Support Data:**

- Lines 01-02: Enter the number of billable ALS and BLS transports for each of the three categories. Subscription Service Transports should not be included with Transports Under Contract.
- Lines 03-04: Enter the total of patient loaded transport miles and waiting times for each of the transport categories.
- Line 05: List TOTAL of canceled/non-billable runs.

#### **Ambulance Service Routine Operating Revenue:**

- Line 06: Enter the total amount of all ALS Base Rate gross billings.
- Line 07: Enter the total amount of all BLS Base Rate gross billings.
- Line 08: Enter the total of Mileage Charge gross billings.
- Line 09: Enter the total Waiting Time gross billings.
- Line 10: Enter the total of all gross billings of Medical Supplies to patients.
- Line 11: RESERVED FOR FUTURE USE - Charges for Nurses currently are not allowed.
- Line 12: Enter the total of all Standby Time charges. (Attach a schedule showing sources.)
- Line 13: Add the totals from Line 06 through Line 12. Enter sum on Line 13.

#### **Salary and Wage Expense Detail:**

- Line 14: Enter the total salary amount allocated and paid to Management of the ambulance service.
- Line 15: Enter the total salary amount allocated and paid to Paramedics, EMT-I(99)s, and AEMTs
- Line 16: Enter the total salary amount allocated and paid to Emergency Medical Technicians (EMTs).
- Line 17: Enter the total salary amount allocated and paid to Other Personnel involved with the ambulance service. (Examples: Dispatch, Mechanics, Office)
- Line 18: Enter the total allocated amount of Payroll Taxes and Fringe Benefits paid to employees included in lines 14 through 17.

## ANNUAL AMBULANCE FINANCIAL REPORT

### EXPENSE CATEGORIES FOR USE ON PAGE 3

- Line 09 Bad Debt
- Line 10 Total Salaries, Wages, and Employee-Related Expenses
  - Salaries, Wages, Payroll Taxes, and Employee Benefits
- Line 11 Professional Services
  - Legal/Management Fees
  - Collection Fees
  - Accounting/Auditing
  - Data Processing Fees
- Line 12 Travel and Entertainment (Administrative)
  - Meals and Entertainment
  - Travel/Transportation
- Line 13 Other General and Administrative
  - Office Related (Supplies, Phone, Postage, Advertising)
  - Professional Liability Insurance
  - Dues, Subscriptions, Miscellaneous
- Line 14 Depreciation
- Line 15 Rent/Leasing
- Line 16 Building/Station
  - Utilities, Property Taxes/Insurance, Cleaning/Maintenance
- Line 17 Vehicle Expenses
  - License/Registration
  - Repairs/Maintenance
  - Insurance
- Line 18 Other Operating Expenses
  - Dispatch Contracts
  - Employee Education/Training, Uniforms, Travel/Meals
  - Maintenance Contracts
  - Minor Equipment, Non-Chargeable Ambulance Supplies
- Line 19 Cost of Medical Supplies Charged to Patients
- Line 20 Interest Expense
  - Interest on: Bank Loans/Lines of Credit
- Line 21 Subscription Service Sales Expenses
  - Sales Commissions, Printing

## INSTRUCTIONS (cont'd)

### **Page 3: SCHEDULE OF REVENUES AND EXPENSES**

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#### **Operating Revenues:**

- Line 01: Transfer appropriate total from Page 2 as indicated.  
Line 02: Enter settlement amounts from AHCCCS transports. (DO NOT include settlement amounts resulting from a transport made under a SUBSCRIPTION SERVICE CONTRACT)  
Line 03: Enter settlement amounts from Medicare transports. (DO NOT include settlement amounts resulting from a transport made under a SUBSCRIPTION SERVICE CONTRACT)  
Line 04: Enter total of ALL settlement amounts from Subscription Service Contract transports.  
Line 05: Enter total of ALL settlement amounts from Contractual transports only.  
Line 06: Enter total from any other settlement sources.  
Line 07: Enter sum of lines 02 through 06.  
Line 08: Total Operating Revenue (The amount from Line 01 minus Line 07).

#### **Operating Expenses:**

- Lines 09-21: Report as either actual or allocated from expenses shared with Fire or other departments.  
Line 22: Enter the total sum of lines 09 through 21.  
Line 23: Enter the difference of line 08 minus line 22.  
Line 24: Enter the gross amount of sales from Subscription Service Contracts.  
Line 25: Enter the amount of Other Operating Revenues.  
Ex: Federal, State or Local Grants, Interest Earned, Patient Finance Charges.  
Line 26: Enter the total of Local Supportive Funding.  
Line 27: List other non-operating revenues (Ex: Donations, sales of assets, fund raisers).  
Line 28: List other non-operating expenses (Ex: Civil fines or penalties, loss on sale of assets).  
Line 29: Net Income (Line 23 plus Lines 24 through 27, minus Line 28).

### **Page 4: BALANCE SHEET**

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Current audited financial statements may be submitted in lieu of this page.

### **Page 5: STATEMENT OF CASH FLOWS**

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Current audited financial statements may be submitted in lieu of this page.

Questions regarding this reporting form can be submitted to:

Arizona Department of Health Services  
Bureau of Emergency Medical Services and Trauma System  
Certificate of Necessity and Rates Section

150 North 18<sup>th</sup> Avenue, Suite 540  
Phoenix, AZ 85007  
Telephone: (602) 364-3150  
Fax: (602) 364-3567

## ARTICLE 10. GROUND AMBULANCE VEHICLE REGISTRATION

### **R9-25-1001. Initial and Renewal Application for a Certificate of Registration (A.R.S. §§ 36-2212, 36-2232, 36-2240)**

- A. A person applying for an initial or renewal certificate of registration of a ground ambulance vehicle shall submit an application form to the Department that contains:
1. The applicant's legal business or corporate name;
  2. The applicant's mailing address, physical address of the business, and business, facsimile, and emergency telephone numbers;
  3. The identifying information of the ground ambulance vehicle, including:
    - a. The make of the ground ambulance vehicle;
    - b. The ground ambulance vehicle manufacture year;
    - c. The ground ambulance vehicle identification number;
    - d. The unit number of the ground ambulance vehicle;
    - e. The ground ambulance vehicle's state license number; and
    - f. The location at which the ground ambulance vehicle will be available for inspection;
  4. The identification number of the certificate of necessity to which the ground ambulance vehicle is registered;
  5. The name and telephone number of the person to contact to arrange for inspection, if the inspection is pre-announced; and
  6. The signature of the applicant or applicant's designated representative.
- B. Under A.R.S. § 36-2232(A)(11), the Department shall inspect each ambulance before an initial certificate of registration is issued by the Department.
- C. Under A.R.S. § 36-2232(A)(11), the Department shall either inspect an ambulance or receive an inspection report that meets the requirements in this Article by a Department-approved inspection facility before a renewal certificate of registration is issued by the Department.
- D. An applicant shall submit the following fees:
1. \$50 application filing fee for an initial certificate of registration;
  2. \$200 annual regulatory fee for each ground ambulance vehicle issued a certificate of registration; and
  3. \$50 application filing fee for the renewal of a certificate of registration.
- E. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

**R9-25-1002. Minimum Standards for Ground Ambulance Vehicles (Authorized by A.R.S. § 36-2202(A)(5))**

An applicant for a certificate of registration or certificate holder shall ensure a ground ambulance vehicle is equipped with the following:

1. An engine intake air cleaner that meets the ground ambulance vehicle manufacturer's engine specifications;
2. A brake system that meets the requirements in A.R.S. § 28-952;
3. A cooling system in the engine compartment that maintains the engine temperature operating range required to prevent damage to the ground ambulance vehicle engine;
4. A battery:
  - a. With no leaks, corrosion, or other visible defects; and
  - b. As measured by a voltage meter, capable of generating:
    - i. 12.6 volts at rest; and
    - ii. 13.2 to 14.2 volts on high idle with all electrical equipment turned on;
5. A wiring system in the engine compartment designed to prevent the wire from being cut by or tangled in the engine or hood;
6. Hoses, belts, and wiring with no visible defects;
7. An electrical system capable of maintaining a positive amperage charge while the ground ambulance vehicle is stationary and operating at high idle with headlights, running lights, patient compartment lights, environmental systems, and all warning devices turned on;
8. An exhaust pipe, muffler, and tailpipe under the ground ambulance vehicle and securely attached to the chassis;
9. A frame capable of supporting the gross vehicle weight of the ground ambulance vehicle;
10. A horn that meets the requirements in A.R.S. § 28-954(A);
11. A siren that meets the requirements in A.R.S. § 28-954(E);
12. A front bumper that is positioned at the forward-most part of the ground ambulance vehicle extending to the ground ambulance vehicle's outer edges;
13. A fuel cap of a type specified by the manufacturer for each fuel tank;
14. A steering system to include:
  - a. Power-steering belts free from frays, cracks, or slippage;
  - b. Power-steering that is free from leaks;
  - c. Fluid in the power-steering system that fills the reservoir between the full level and the add level indicator on the dipstick; and
  - d. Bracing extending from the center of the steering wheel to the steering wheel ring that is not cracked;

15. Front and rear shock absorbers that are free from leaks;
16. Tires on each axle that:
  - a. Are properly inflated;
  - b. Are of equal size, equal ply ratings, and equal type;
  - c. Are free of bumps, knots, or bulges;
  - d. Have no exposed ply or belting; and
  - e. Have tread groove depth equal to or more than 4/32”;
17. An air cooling system capable of achieving and maintaining a 20° F difference between the air intake and the cool air outlet;
18. Air cooling and heater hoses secured in all areas of the ground ambulance vehicle and chassis to prevent wear due to vibration;
19. Body free of damage or rust that interferes with the physical operation of the ground ambulance vehicle or creates a hole in the driver’s compartment or the patient compartment;
20. Windshield defrosting and defogging equipment;
21. Emergency warning lights that provide 360° conspicuity;
22. At least one 5-lb. ABC dry, chemical, multi-purpose fire extinguisher in a quick release bracket with a current inspection tag;
23. A heating system capable of achieving and maintaining a temperature of not less than 68° F in the patient compartment within 30 minutes;
24. Sides of the ground ambulance vehicle insulated and sealed to prevent dust, dirt, water, carbon monoxide, and gas fumes from entering the interior of the patient compartment and to reduce noise;
25. Interior patient compartment wall and floor coverings that are:
  - a. In good repair and capable of being disinfected, and
  - b. Maintained in a sanitary manner;
26. Padding over exit areas from the patient compartment and over sharp edges in the patient compartment;
27. Secured interior equipment and other objects;
28. When present, hangers or supports for equipment mounted not to protrude more than 2 inches when not in use;
29. Functional lamps and signals, including:
  - a. Bright and dim headlamps,
  - b. Brake lamps,
  - c. Parking lamps,
  - d. Backup lamps,
  - e. Tail lamps,



- f. Turn signal lamps,
  - g. Side marker lamps,
  - h. Hazard lamps,
  - i. Patient loading door lamps and side spot lamps,
  - j. Spot lamp in the driver's compartment and within reach of the ambulance attendant,  
and
  - k. Patient compartment interior lamps;
30. Side-mounted rear vision mirrors and wide vision mirror mounted on, or attached to, the side-mounted rear vision mirrors;
  31. A patient loading door that permits the safe loading and unloading of a patient occupying a stretcher in a supine position;
  32. At least two means of egress from the patient compartment to the outside through a window or door;
  33. Functional open door securing devices on a patient loading door;
  34. Patient compartment upholstery free of cuts or tears and capable of being disinfected;
  35. A seat belt installed for each seat in the driver's compartment;
  36. Belts or devices installed on a stretcher to be used to secure a patient;
  37. A seat belt installed for each seat in the patient compartment;
  38. A crash stable side or center mounting fastener of the quick release type to secure a stretcher to a ground ambulance vehicle;
  39. Windshield and windows free of obstruction;
  40. A windshield free from unrepaired starred cracks and line cracks that extend more than 1 inch from the bottom and sides of the windshield or that extend more than 2 inches from the top of the windshield;
  41. A windshield-washer system that applies enough cleaning solution to clear the windshield;
  42. Operable windshield wipers with a minimum of two speeds;
  43. Functional hood latch for the engine compartment;
  44. Fuel system with fuel tanks and lines that meets manufacturer's specifications;
  45. Suspension system that meets the ground ambulance vehicle manufacturer's specifications;
  46. Instrument panel that meets the ground ambulance vehicle manufacturer's specifications;  
and
  47. Wheels that meet and are mounted according to manufacturer's specifications.

**R9-25-1003. Minimum Equipment and Supplies for Ground Ambulance Vehicles (Authorized by A.R.S. § 36-2202(A)(5))**

- A. A ground ambulance vehicle used for either BLS or ALS level of service shall contain the following operational equipment and supplies:
1. A portable and a fixed suction apparatus;
  2. Wide-bore tubing, a rigid pharyngeal curved suction tip, and a flexible suction catheter in the following French sizes:
    - a. Two in 6, 8, or 10; and
    - b. Two in 12, 14, or 16;
  3. One fixed oxygen cylinder or equivalent with a minimum capacity of 106 cubic feet, a minimum pressure of 500 p.s.i., and a variable flow regulator;
  4. One portable oxygen cylinder with a minimum capacity of 13 cubic feet, a minimum pressure of 500 p.s.i., and a variable flow regulator;
  5. Oxygen administration equipment including: tubing, two adult-size and two pediatric-size non-rebreather masks, and two adult-size and two pediatric-size nasal cannula;
  6. One adult-size, one child-size, one infant-size, and one neonate-size hand-operated, disposable, self-expanding bag-valve with one of each size bag-valve mask;
  7. Nasal airways in the following French sizes:
    - a. One in 16, 18, 20, 22, or 24; and
    - b. One in 26, 28, 30, 32, or 34;
  8. Two adult-size, two child-size, and two infant-size oropharyngeal airways;
  9. Two large-size, two medium-size, and two small-size cervical immobilization devices;
  10. Two small-size, two medium-size, and two large size upper extremities splints;
  11. Two small-size, two medium-size, and two large size lower extremities splints;
  12. One child-size and one adult-size lower extremity traction splints;
  13. Two full-length spine boards;
  14. Supplies to secure a patient to a spine board;
  15. One cervical-thoracic spinal immobilization device for extrication;
  16. Two sterile burn sheets;
  17. Two triangular bandages;
  18. Three sterile multi-trauma dressings, 10" x 30" or larger;
  19. Fifty non-sterile 4" x 4" gauze sponges;
  20. Ten non-sterile soft roller bandages, 4" or larger;
  21. Four sterile occlusive dressings, 3" x 8" or larger;
  22. Two 2" or 3" adhesive tape rolls;

23. Containers for biohazardous medical waste that comply with requirements in 18 A.A.C. 13, Article 14;
24. A sterile obstetrical kit containing towels, 4" x 4" dressing, scissors, bulb suction, and clamps or tape for cord;
25. One blood glucose testing kit;
26. A meconium aspirator adapter;
27. A length/weight-based pediatric reference guide to determine the appropriate size of medical equipment and drug dosing;
28. A pulse oximeter with both pediatric and adult probes;
29. One child-size, one adult-size, and one large adult-size sphygmomanometer;
30. One stethoscope;
31. One heavy duty scissors capable of cutting clothing, belts, or boots;
32. Two blankets;
33. One thermal absorbent blanket with head cover or blanket of other appropriate heat-reflective material;
34. Two sheets;
35. Body substance isolation equipment, including:
  - a. Two pairs of non-sterile disposable gloves;
  - b. Two gowns;
  - c. Two masks that are at least as protective as a National Institute for Occupational Safety and Health-approved N-95 respirator, which may be of universal size;
  - d. Two pairs of shoe coverings; and
  - e. Two sets of protective eye wear;
36. At least three pairs of non-latex gloves; and
37. A wheeled, multi-level stretcher that is:
  - a. Suitable for supporting a patient at each level;
  - b. At least 69 inches long and 20 inches wide;
  - c. Rated for use with a patient weighing up to or more than 350 pounds;
  - d. Adjustable to allow a patient to recline and to elevate the patient's head and upper torso to an angle at least 70° from the horizontal plane;
  - e. Equipped with a mattress that has a protective cover;
  - f. Equipped with at least two attached straps to secure a patient during transport; and
  - g. Equipped to secure the stretcher to the interior of the vehicle during transport using the fastener required under R9-25-1002(38).

**B.** In addition to the equipment and supplies in subsection (A), a ground ambulance vehicle equipped to provide BLS shall contain at least:

1. The minimum supply of agents required in Table 5.2 for an EMT;
  2. By January 1, 2016, the capability of providing automated external defibrillation;
  3. Two 3 mL syringes; and
  4. Two 10-12 mL syringes.
- C. In addition to the equipment and supplies in subsection (A), a ground ambulance vehicle equipped to provide ALS shall contain at least the minimum supply of agents required in Table 5.2 for the highest level of service to be provided by the ambulance's crew and at least the following:
1. Four intravenous solution administration sets capable of delivering 10 drops per cc;
  2. Four intravenous solution administration sets capable of delivering 60 drops per cc;
  3. Intravenous catheters in:
    - a. Three different sizes from 14 gauge to 20 gauge, and
    - b. Either 22 or 24 gauge;
  4. One child-size and one adult-size intraosseous needle;
  5. Venous tourniquet;
  6. Two endotracheal tubes in each of the following sizes: 2.5 mm, 3.0 mm, 3.5 mm, 4.0 mm, 4.5 mm, 5.0 mm, 5.5 mm, 6.0 mm, 7.0 mm, 8.0 mm, and 9.0;
  7. One pediatric-size and one adult-size stylette for endotracheal tubes;
  8. End tidal CO<sub>2</sub> monitoring/capnography equipment with capability for pediatric and adult patients;
  9. One laryngoscope with blades in sizes 0-4, straight or curved or both;
  10. One pediatric-size and one adult-size Magill forceps;
  11. One scalpel;
  12. One portable, battery-operated cardiac monitor-defibrillator with strip chart recorder and adult and pediatric EKG electrodes and defibrillation capabilities;
  13. Electrocardiogram leads;
  14. The following syringes:
    - a. Two 1 mL tuberculin,
    - b. Four 3 mL,
    - c. Four 5 mL,
    - d. Four 10-12 mL,
    - e. Two 20 mL, and
    - f. Two 50-60 mL;
  15. Three 5 micron filter needles; and
  16. Assorted sizes of non-filter needles.

- D.** A ground ambulance vehicle shall be equipped to provide, and capable of providing, voice communication between:
1. The ambulance attendant and the dispatch center;
  2. The ambulance attendant and the ground ambulance service's assigned medical direction authority, if any; and
  3. The ambulance attendant in the patient compartment and the ground ambulance service's assigned medical direction authority, if any.

**R9-25-1004. Minimum Staffing Requirements for Ground Ambulance Vehicles (Authorized by A.R.S. §§ 36-2201(4), 36-2202(A)(5))**

When transporting a patient, a ground ambulance service shall staff a ground ambulance vehicle according to A.R.S. § 36-2202(J).

**R9-25-1005. Ground Ambulance Vehicle Inspection; Major and Minor Defects (A.R.S. §§ 36-2202(A)(5), 36-2212, 36-2232, 36-2234)**

- A. A certificate holder shall make the ground ambulance vehicle, equipment, and supplies available for inspection at the request of the Director or the Director's authorized representative.
- B. If inspected by the Department, a certificate holder shall allow the Director or the Director's authorized representative to ride in or operate the ground ambulance vehicle being inspected.
- C. A certificate holder may request the Department to inspect all of the certificate holder's ground ambulance vehicles at the same date and location.
- D. A Department-approved inspection facility may inspect a ground ambulance vehicle under A.R.S. § 36-2232(A)(11).
- E. The Department classifies defects on a ground ambulance vehicle as major or minor as follows:

INSPECTION ITEM	MAJOR DEFECT	MINOR DEFECT
<b>LAMPS:</b>		
Emergency warning lights	Lack of 360° of conspicuity	Cracked, broken, or missing lens Inoperative lamps
Back-up lamps		Inoperative Cracked, broken, or missing lens
Brake lamps	Both inoperative	1 inoperative
Hazard lamps		Inoperative
Head lamps	Inoperative	High beam inoperative Low beam inoperative Inoperative dimmer switch
Loading lamps		Inoperative Cracked, broken, or missing lens
Parking lamps		Inoperative
Patient Compartment interior lamps	All lamps inoperative	Inoperative individual lamps Missing lens

INSPECTION ITEM	MAJOR DEFECT	MINOR DEFECT
Side marker lamps		Inoperative Cracked, broken, or missing lens
Spot lamp in driver's compartment		Inoperative
Tail lamps	Both inoperative	1 inoperative Cracked, broken, or missing lens
Turn signal lamps		Any turn signal lamp inoperative Cracked, broken, or missing lens
<b>MECHANICAL, STRUCTURAL, ELECTRICAL:</b>		
Bumpers		Loose or missing bumper
Defroster		Inoperative Ventilation system openings partially blocked
Electrical system	Does not comply with R9-25-1002(6)	
Engine compartment		Inoperative hood latch Deterioration of hoses, belts, or wiring Deterioration of battery hold-down clamps Corrosive acid buildup on battery terminals Incapable of generating voltage in compliance with R9-25-1002(4)(b)
Engine compartment wiring system		Does not comply with R9-25-1002(5)
Engine cooling system	Does not comply with R9-25-1002(3)	Leaks in system
Engine intake air cleaner		Does not comply with R9-25-1002(1)
Exhaust	Exhaust fumes in the patient or driver compartment	Exhaust pipe brackets not securely attached to the chassis and tailpipe End of tailpipe pinched or bent
Frame	Cracks in frame	
Fuel system	Fuel tank not mounted according to manufacturer's specifications Fuel tank brackets cracked or broken Leaking fuel tanks or fuel lines Fuel caps missing or of a type not specified by the manufacturer	
Ground ambulance vehicle body	Damage or rust to the exterior of the ground ambulance vehicle Damage resulting in a hole in the driver's compartment or the patient compartment Holes that may allow exhaust or dust to enter the patient compartment Bolts attaching body to chassis loose, broken, or missing	Damage resulting in cuts or rips to the exterior of the ground ambulance vehicle
Heating and air conditioning systems		Unsecured hoses Does not maintain minimum temperature required in R9-25-1002(23) and 1002(17)
Horn		Inoperative
Parking brake		Inoperative
Siren	Inoperative	
Steering	Steering wheel bracing cracked Inoperative	Power steering belts slipping Power steering belts cracked or frayed Fluid leaks Fluid does not fill the reservoir between the full level and the add level indicator on the dipstick

INSPECTION ITEM	MAJOR DEFECT	MINOR DEFECT
Suspension	Broken suspension parts U-bolts loose or missing	Bent suspension parts Leaking shock absorbers Cracks or breaks in shock absorber mounting brackets
Vehicle brakes	Inoperative	Fluid leaks
<b>INTERIOR:</b>		
Communication equipment	Lack of operative communication equipment	Inoperative communication equipment in the patient compartment
Edges		Presence of exposed sharp edges
Equipment	Inability to secure oxygen tanks	Inability to secure other equipment
Fire extinguisher	Absent	Not at full charge Expired inspection tag
Hangers		Supports or hangers protruding more than 2" when not in use
Instrument panel		Inoperative gauges, switches, or illumination
Padding		Missing padding over exits in the patient compartment
Patient compartment	Visible blood, body fluids, or tissue	Unrepaired cuts or holes in seats Missing pieces of floor covering
Seat belts and securing belts	Absence of seat belt or inoperative seat belt in the driver's compartment More than one inoperative seat belt in the patient compartment Absence of securing belts on a stretcher	Frayed seat belt or securing belt material One inoperative seat belt in the patient compartment
Stretcher fastener	Does not comply with R9-25-1002(36)	
<b>EXTERIOR:</b>		
Patient compartment doors	Completely or partially missing window panel	Inoperative open door securing devices Cracked window panels
Marking		Missing company identification Incorrect size or location
Mirrors	Exterior rear vision or wide vision mirrors missing	Cracked mirror glass Loose mounting bracket bolts or screws Broken mirrors Loose or broken mounting brackets Missing mounting bracket bolts or screws
Tires	Tires on each axle are not of equal size, equal ply ratings, and equal type Bumps, knots, or bulges on any tire Exposed ply or belting on any tire Flat tire on any wheel	Tread groove depth less than 4/32" measured in a tread groove on any tire
Wheels	Loose or missing lug nuts Broken lugs Cracked or bent rims	
Windows		Placement of nontransparent materials which obstruct view Cracked or broken
Windshield	Windshield that is obstructed Placement of nontransparent materials which obstruct view	Unrepaired starred cracks or line cracks extending more than 1 inch from the bottom or side of the windshield Unrepaired starred cracks or line cracks extending more than 2 inches from the top of the windshield
Windshield-washer system		Does not comply with R9-25-1002(39)

INSPECTION ITEM	MAJOR DEFECT	MINOR DEFECT
Windshield wipers	Inoperative wiper on driver's side	Inoperative speed control Split or cracked wiper blade Inoperative wiper on passenger's side

- F. If the Department determines that there is a major defect on the ground ambulance vehicle after inspection, the certificate holder shall take the ground ambulance vehicle out-of-service until the defect is corrected.
- G. If the Department finds a minor defect on the ground ambulance vehicle after inspection, the ground ambulance vehicle may be operated to transport patients for up to 15 days until the minor defect is corrected.
1. The Department may grant an extension of time to repair the minor defect upon a written request from the certificate holder detailing the reasons for the need of an extension of time.
  2. If the minor defect is not repaired within the time prescribed by the Department, and an extension has not been granted, the certificate holder shall take the ground ambulance vehicle out-of-service until the minor defect is corrected.
- H. Within 15 days of the date of repair of the major or minor defect, the certificate holder shall submit written notice of the repair to the Department.

**R9-25-1006. Ground Ambulance Vehicle Identification (A.R.S. §§ 36-2212, 36-2232)**

- A. A ground ambulance vehicle shall be marked on its sides with the certificate of registration applicant's legal business or corporate name with letters not less than 6 inches in height.
- B. A ground ambulance vehicle marked with a level of ground ambulance service shall be equipped and staffed to provide the level of ground ambulance service identified while in service.



## **Article 11. Ground Ambulance Service Rates and Charges; Contracts**

### **R9-25-1101. Application for Establishment of Initial General Public Rates (A.R.S. §§ 36-2232, 36-2239)**

- A. An applicant for a certificate of necessity or a certificate holder applying for initial general public rates shall submit an application packet to the Department that includes:
1. The applicant's name;
  2. The requested general public rates;
  3. A copy of the applicant's most recent financial statements or an Ambulance Revenue and Cost Report;
  4. For a consecutive 12-month period:
    - a. A projected income statement; and
    - b. A projected cash-flow statement;
  5. A list of all purchase agreements or lease agreements for real estate, ground ambulance vehicles, and equipment exceeding \$5,000 used in connection with the ground ambulance service, that includes the monetary amount and duration of each agreement;
  6. The identification of:
    - a. Each of the applicant's affiliations, such as a parent company or subsidiary owned or operated by the applicant; and
    - b. The methodology and calculations used in allocating costs among the applicant and government entities or profit or not-for-profit businesses;
  7. A copy of the applicant's contract with each federal or tribal entity for ground ambulance service, if applicable;
  8. Other documents, exhibits, or statements that may assist the Department in setting the general public rates;
  9. An attestation signed by the applicant that the information and documents provided by the applicant are true and correct; and
  10. Any other information or documents requested by the Director to clarify or complete the application.
- B. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

### **R9-25-1102. Application for Adjustment of General Public Rates (A.R.S. §§ 36-2234, 36-2239)**

- A. A certificate of necessity holder applying for an adjustment of general public rates not exceeding the monetary amount calculated according to A.R.S. § 36-2234(E) shall submit an application form to the Department that includes:
1. The name of the applicant;
  2. A statement that the applicant is making the request according to A.R.S. § 36-2234(E);

3. A statement that the applicant has not applied for an adjustment to its general public rates within the last six months;
  4. The effective date of the proposed general public rate adjustment; and
  5. An attestation signed by the applicant that the information and documents provided by the applicant are true and correct.
- B. An applicant requesting an adjustment of general public rates exceeding the monetary amount calculated according to A.R.S. § 36-2234(E) shall submit an application packet to the Department that includes:
1. The name of the applicant;
  2. A statement that the applicant is making the request according to A.R.S. § 36-2234(A);
  3. The reason for the general public rate adjustment request;
  4. A statement that the applicant has not applied for an adjustment to its general public rates within the last six months;
  5. The effective date of the proposed general public rate adjustment;
  6. A copy of the applicant's most recent financial statements;
  7. A copy of the Ambulance Revenue and Cost Report;
  8. For a consecutive 12-month period:
    - a. A projected income statement; and
    - b. A projected cash-flow statement;
  9. A list of all purchase agreements or lease agreements for real estate, ground ambulance vehicle, and equipment exceeding \$5,000 used in connection with the ground ambulance service, that includes the monetary amount and duration of each agreement;
  10. The identification of:
    - a. Each of the applicant's affiliations, such as a parent company or subsidiary owned or operated by the applicant; and
    - b. The methodology and calculations used in allocating costs among the applicant and government entities or profit or not for profit businesses;
  11. A copy of the applicant's contract with each federal or tribal entity for a ground ambulance service, if applicable;
  12. Other documents, exhibits, or statements that may assist the Department in setting the general public rates;
  13. An attestation signed by the applicant that the information and documents provided by the applicant are true and correct; and
  14. Any other information or documents requested by the Director to clarify or complete the application.
- C. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

**R9-25-1103. Application for a Contract Rate or Range of Rates Less than General Public Rates (A.R.S. §§ 36-2234(G) and (I), 36-2239)**

A. Before providing interfacility transports or convalescent transports, a certificate holder shall apply to the Department for approval of a contract rate or range of contract rates under A.R.S. § 36-2234(G).

1. For a contract rate or range of rates under A.R.S. § 36-2234(G), the certificate holder shall submit an application form to the Department that contains:
  - a. The name of the certificate holder;
  - b. A statement that the certificate holder is making the request under A.R.S. § 36-2234(G);
  - c. The contract rate or range of rates being requested; and
  - d. Information demonstrating the cost and economics of providing the transports for the requested contract rate or range of rates.
2. For a contract rate or range of rates under A.R.S. § 36-2234(I), the certificate holder shall submit the information required in R9-25-1102(B)(1) and (B)(6) through (B)(14).

B. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

**R9-25-1104. Ground Ambulance Service Contracts (A.R.S. §§ 36-2232, 36-2234(K))**

A. Before implementing a ground ambulance service contract, a certificate holder shall submit to the Department for approval a copy of the contract with a cover letter that indicates the total number of pages in the contract. The contract shall:

1. Include the certificate holder's legal name and any other name listed on the certificate holder's initial application required in R9-25-902(A)(1)(a);
2. List the contract rate or range of rates approved by the Director according to R9-25-1101, R9-25-1102, or R9-25-1103;
3. Comply with A.R.S. §§ 36-2201 through 36-2246 and 9 A.A.C 25; and
4. Not preclude use of the 9-1-1 system or a similarly designated emergency telephone number.

B. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

**R9-25-1105. Application for Provision of Subscription Service or to Establish a Subscription Service Rate (A.R.S. § 36-2232(A)(1))**

A. A certificate holder applying to provide subscription service, establish a subscription service rate, or request approval of a subscription service contract shall submit an application packet to the Department that includes:

1. The following information:
  - a. The number of estimated subscription service contracts and documents supporting the estimate, such as a survey of the service area;
  - b. An estimate of the number of annual subscription service transports for the service area;
  - c. The proposed subscription service rate;
  - d. An estimate of the cost of providing subscription service to the service area; and

- e. Any other information or documents that the certificate holder believes may assist the Department in setting a subscription service rate; and
- 2. A copy of the proposed subscription service contract.
- B. The Department shall approve or deny a subscription service rate under this Section according to 9 A.A.C. 25, Article 12.

**R9-25-1106. Rate of Return Setting Considerations (A.R.S. §§ 36-2232, 36-2239)**

- A. In determining the rate of return on gross revenue in A.R.S. § 36-2239(I)(4), the Director shall consider a ground ambulance service's:
  - 1. Direct and indirect costs for operating the ground ambulance service within its service area;
  - 2. Balance sheet;
  - 3. Income statement;
  - 4. Cash flow statement;
  - 5. Ratio between variable and fixed costs on the financial statements;
  - 6. Method of indirect costs allocation to specific cost-center areas;
  - 7. Return on equity;
  - 8. Reimbursable and non-reimbursable charges;
  - 9. Type of business entity;
  - 10. Monetary amount and type of debt financing;
  - 11. Replacement and expansion costs;
  - 12. Number of calls, transports, and billable miles;
  - 13. Costs associated with rules, inspections, and audits;
  - 14. Substantiated prior reported losses;
  - 15. Medicare and AHCCCS settlements; and
  - 16. Any other information or documents needed by the Director to clarify incomplete or ambiguous information or documents.
- B. In determining the rate of return on gross revenue in A.R.S. § 36-2239(I)(4), the Director shall not consider:
  - 1. Depreciation of the portion of ground ambulance vehicles and equipment obtained through Department funding,

2. The certificate holder's travel and entertainment expenses that do not directly relate to providing the ground ambulance service,
  3. The monetary value of any goodwill accumulated by the certificate holder,
  4. Any penalties or fines imposed on the certificate holder by a court or government agency, and
  5. Any financial contributions received by the certificate holder.
- C. In determining just, reasonable, and sufficient rates in A.R.S. § 36-2232(A)(1) the director shall establish rates to provide for a rate of return that is at least 7% of gross revenue, calculated using the accrual method of accounting according to generally accepted accounting principles, unless the certificate holder requests a lower rate of return.
- D. Rate of return on gross revenue is calculated by dividing Ambulance Revenue and Cost Report Exhibit A or Exhibit B net income or loss by gross revenue.

**R9-25-1107. Rate Calculation Factors (A.R.S. § 36-2232)**

- A. When evaluating a proposed mileage rate, the Department shall consider the following factors:
1. The cost of licensure and registration of each ground ambulance vehicle;
  2. The cost of fuel;
  3. The cost of ground ambulance vehicle maintenance;
  4. The cost of ground ambulance vehicle repair;
  5. The cost of tires;
  6. The cost of ground ambulance vehicle insurance;
  7. The cost of mechanic wages, benefits, and payroll taxes;
  8. The cost of loan interest related to the ground ambulance vehicles;
  9. The cost of the weighted allocation of overhead;
  10. The cost of ground ambulance vehicle depreciation;
  11. The cost of reserves for replacement of ground ambulance vehicles and equipment; and
  12. Mileage reimbursement as established by Medicare guidelines for ground ambulance service.
- B. When evaluating a proposed BLS base rate, the Department shall consider the costs associated with providing EMS and transport.
- C. When evaluating a proposed ALS base rate, the Department shall consider the factors in subsection (B) and the additional costs of ALS ambulance equipment and ALS personnel.
- D. In evaluating rates, the Director shall make adjustments to a certificate holder's rates to maximize Medicare reimbursements.
- E. The Department shall determine the standby waiting rate by dividing the BLS base rate by 4.

**R9-25-1108. Implementation of Rates and Charges (A.R.S. §§ 36-2232, 36-2239)**

A. A certificate holder shall assess rates and charges as follows:

1. When calculating a rate or charge, the certificate holder shall:
  - a. Omit fractions of less than 1/2 of 1 cent; or
  - b. Increase to the next whole cent, fractions of 1/2 of 1 cent or greater.
2. The certificate holder shall calculate the number of miles for a transport by using:
  - a. The ground ambulance vehicle's odometer reading; or
  - b. A regional map.
3. The certificate holder shall calculate the reimbursement amount for mileage of a transport by multiplying the number of miles for the transport by the mileage rate.
4. When transporting two or more patients in the same ground ambulance vehicle, the certificate holder shall assess each patient:
  - a. Fifty percent of the mileage rate and one hundred percent of the ALS or BLS base rate; and
  - b. One hundred percent of:
    - i. The charge for each disposable supply, medical supply, medication, and oxygen-related cost used on the patient; and
    - ii. Waiting time assessed according to subsection (C).
5. When agreed upon by prior arrangement to transport a patient to one destination and return to the point of pick-up or to one destination and then to a subsequent destination, assess only the ALS or BLS base rate, mileage rate, and standby waiting rate for the transport.

B. When a certificate holder transfers a patient to an air ambulance, the certificate holder shall assess the patient the rates and charges for EMS and transport provided to the patient before the transfer.

C. A certificate holder shall assess a standby waiting rate in quarter-hour increments, except for:

1. The first 15 minutes after arrival to load the patient at the point of pick-up;
2. The time, exceeding the first 15 minutes, required by ambulance attendants to provide necessary medical treatment and stabilization of the patient at the point of pick-up; and
3. The first 15 minutes to unload the patient at the point of destination.

D. When a certificate holder responds to a request outside the certificate holder's service area, the certificate holder shall assess its own rates and charges for EMS or transport provided to the patient.

E. When the Department or the certificate holder determines that a refund of a rate or a charge is required, the certificate holder shall refund the rate or charge within 90 days from the date of the determination.

**R9-25-1109. Charges (A.R.S. §§ 36-2232, 36-2239(D))**

A. A certificate holder that charges patients for disposable supplies, medical supplies, medications, and oxygen-related costs shall submit to the Department a list of the items and the proposed charges. The list shall include a non-retroactive effective date.

B. A certificate holder shall submit to the Department a new list each time the certificate holder proposes a change in the items or the amount charged. The list shall contain the information required in subsection (A), including a non-retroactive effective date.

**R9-25-1110. Invoices (A.R.S. §§ 36-2234, 36-2239)**

A. Each invoice for rates and charges shall contain the following:

1. The patient's name;
2. The certificate holder's name, address, and telephone number;
3. The date of service;
4. An itemized list of the rates and charges assessed;
5. The total monetary amount owed the certificate holder; and
6. The payment due date.

B. Any subsequent invoice to the same patient for the same EMS or transport shall contain all the information in subsection (A) except the information in subsection (A)(4).

C. Charges may be combined into one line item if the supplies are used for a specific purpose and the name of the combined item is included in the certificate holder's disposable medical supply listing provided to the Department under R9-25-1109.

D. A certificate holder may combine rates and charges into one line item if required by a third-party payor.

## **ARTICLE 12. TIME-FRAMES FOR DEPARTMENT APPROVALS**

### **R9-25-1201. Time-frames (Authorized by A.R.S. §§ 41-1072 through 41-1079)**

- A.** The overall time-frame described in A.R.S. § 41-1072 for each type of approval granted by the Department is listed in Table 12.1. The applicant and the Director may agree in writing to extend the overall time-frame. The substantive review time-frame shall not be extended by more than 25% of the overall time-frame.
- B.** The administrative completeness review time-frame described in A.R.S. § 41-1072 for each type of approval granted by the Department is listed in Table 12.1. The administrative completeness review time-frame begins on the date that the Department receives an application form or an application packet.
  - 1. If the application packet is incomplete, the Department shall send to the applicant a written notice specifying the missing document or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the postmark date of the written request until the date the Department receives a complete application packet from the applicant.
  - 2. When an application packet is complete, the Department shall send a written notice of administrative completeness.
  - 3. If the Department grants an approval during the time provided to assess administrative completeness, the Department shall not issue a separate written notice of administrative completeness.
- C.** The substantive review time-frame described in A.R.S. § 41-1072 is listed in Table 12.1 and begins on the postmark date of the notice of administrative completeness.
  - 1. As part of the substantive review time-frame for an application for an approval other than renewal of an ambulance registration, the Department shall conduct inspections, conduct investigations, or hold hearings required by law.
  - 2. If required under R9-25-402, the Department shall fix the period and terms of probation as part of the substantive review.
  - 3. During the substantive review time-frame, the Department may make one comprehensive written request for additional documents or information and ~~it~~ may make supplemental requests for additional information with the applicant's written consent.
  - 4. The substantive review time-frame and the overall time-frame are suspended from the postmark date of the written request for additional information or documents until the Department receives the additional information or documents.
  - 5. The Department shall send a written notice of approval to an applicant who meets the qualifications in A.R.S. Title 36, Chapter 21.1 and this Chapter for the type of application



submitted.

6. The Department shall send a written notice of denial to an applicant who fails to meet the qualifications in A.R.S. Title 36, Chapter 21.1, and this Chapter for the type of application submitted.
- D.** If an applicant fails to supply the documents or information under subsections (B)(1) and (C)(3) within the number of days specified in Table 12.1 from the postmark date of the written notice or comprehensive written request, the Department shall consider the application withdrawn.
- E.** An applicant that does not wish an application to be considered withdrawn may request a denial in writing within the number of days specified in Table 12.1 from the postmark date of the written notice or comprehensive written request for documents or information under subsections (B)(1) and (C)(3).
- F.** If a time-frame's last day falls on a Saturday, Sunday, or an official state holiday, the Department shall consider the next business day as the time-frame's last day.

**Table 12.1. Time-frames (in days)**

Type of Application	Statutory Authority	Overall Time-frame	Administrative Completeness Time-frame	Time to Respond to Written Notice	Substantive Review Time-frame	Time to Respond to Comprehensive Written Request
ALS Base Hospital Certification (R9-25-204)	A.R.S. §§ 36-2201, 36-2202(A)(3), and 36-2204(5)	45	15	60	30	60
Training Program Certification (R9-25-301)	A.R.S. §§ 36-2202(A)(3) and 36-2204(1) and (3)	120	30	60	90	60
Addition of a Course (R9-25-303)	A.R.S. §§ 36-2202(A)(3) and 36-2204(1) and (3)	90	30	60	60	60
EMCT Certification (R9-25-403)	A.R.S. §§ 36-2202(A)(2), (3), and (4), 36-2202(G), and 36-2204(1)	120	30	90	90	270
EMCT Recertification (R9-25-404)	A.R.S. §§ 36-2202(A)(2), (3), (4), and (6), 36-2202(G), and 36-2204(1) and (4)	120	30	60	90	60
Extension to File for EMCT Recertification (R9-25-405)	A.R.S. §§ 36-2202(A)(2), (3), (4), and (6), 36-2202(G), and 36-2204(1) and (7)	30	15	60	15	60
Downgrading of Certification (R9-25-406)	A.R.S. §§ 36-2202(A)(2), (3), and (4), 36-2202(G), and 36-2204(1) and (6)	30	15	60	15	60
Initial Air Ambulance Service License (R9-25-704)	A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215	150	30	60	120	60

Type of Application	Statutory Authority	Overall Time-frame	Administrative Completeness Time-frame	Time to Respond to Written Notice	Substantive Review Time-frame	Time to Respond to Comprehensive Written Request
Renewal of an Air Ambulance Service License (R9-25-705)	A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215	90	30	60	60	60
Initial Certificate of Registration for an Air Ambulance (R9-25-802)	A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2240(4)	90	30	60	60	60
Renewal of a Certificate of Registration for an Air Ambulance (R9-25-802)	A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2240(4)	90	30	60	60	60
Initial Certificate of Necessity (R9-25-902)	A.R.S. §§ 36-2204, 36-2232, 36-2233, 36-2240	450	30	60	420	60
Provision of ALS Services (R9-25-902)	A.R.S. §§ 36-2232, 36-2233, 36-2240	450	30	60	420	60
Transfer of a Certificate of Necessity (R9-25-902)	A.R.S. §§ 36-2236(A) and (B), 36-2240	450	30	60	420	60
Renewal of a Certificate of Necessity (R9-25-904)	A.R.S. §§ 36-2233, 36-2235, 36-2240	90	30	60	60	60
Amendment of a Certificate of Necessity (R9-25-905)	A.R.S. §§ 36-2232(A)(4), 36-2240	450	30	60	420	60
Initial Registration of a Ground Ambulance Vehicle (R9-25-1001)	A.R.S. §§ 36-2212, 36-2232, 36-2240	90	30	60	60	60
Renewal of a Ground Ambulance Vehicle Registration (R9-25-1001)	A.R.S. §§ 36-2212, 36-2232, 36-2240	90	30	60	60	60
Establishment of Initial General Public Rates (R9-25-1101)	A.R.S. §§ 36-2232, 36-2239	450	30	60	420	60
Adjustment of General Public Rates (R9-25-1102)	A.R.S. §§ 36-2234, 36-2239	450	30	60	420	60
Contract Rate or Range of Rates Less than General Public Rates (R9-25-1103)	A.R.S. §§ 36-2234, 36-2239	450	30	60	420	60
Ground Ambulance Service Contracts (R9-25-1104)	A.R.S. § 36-2232	450	30	60	420	60
Ground Ambulance Service Contracts with Political Subdivisions (R9-25-1104)	A.R.S. §§ 36-2232, 36-2234(K)	30	15	15	15	Not Applicable
Subscription Service Rate (R9-25-1105)	A.R.S. § 36-2232(A)(1)	450	30	60	420	60

### **Article 13. Trauma Center Designation**

#### **R9-25-1301. Definitions (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))**

The following definitions apply in this Article, unless otherwise specified:

1. "ACS" means the American College of Surgeons Committee on Trauma.
2. "ACS site visit" means an on-site inspection of a trauma facility conducted by ACS for the purpose of determining compliance with ACS trauma facilities criteria, or ACS trauma facilities criteria and state standards, at the Level of designation sought.
3. "Administrative completeness time period" means the number of days from the Department's receipt of an application until the Department determines that the application contains all of the items of information required by rule to be submitted with an application.
4. "ATLS" means the ACS Advanced Trauma Life Support Course.
5. "Available" means accessible for use.
6. "Chief administrative officer" means an individual assigned to control and manage the day-to-day operations of a health care institution on behalf of the owner or the body designated by the owner to govern and manage the health care institution.
7. "CME" means continuing medical education courses for physicians.
8. "Comply with" means to satisfy the requirements of a stated provision.
9. "CT" means computed tomography.
10. "Current" means up-to-date and extending to the present time.
11. "CVP" means central venous pressure.
12. "Department" means the Arizona Department of Health Services.
13. "Designation" means a formal determination by the Department that a health care institution has the resources and capabilities necessary to provide trauma services at a particular Level and is a trauma center.
14. "EMS" means emergency medical services.
15. "Health care institution" has the same meaning as in A.R.S. § 36-401.
16. "Hospital" has the same meaning as in A.A.C. R9-10-201.
17. "ICU" means intensive care unit.
18. "In compliance with" means satisfying the requirements of a stated provision.
19. "In-house" means on the premises at the health care institution.
20. "ISS" means injury severity score, the sum of the squares of the abbreviated injury scale scores of the three most severely injured body regions.

21. "Major resuscitation" means a patient:
- If an adult, with a confirmed blood pressure < 90 at any time or, if a child, with confirmed age-specific hypotension;
  - With respiratory compromise, respiratory obstruction, or intubation, if the patient is not transferred from another health care institution;
  - Who is transferred from another hospital and is receiving blood to maintain vital signs;
  - Who has a gunshot wound to the abdomen, neck, or chest;
  - Who has a Glasgow Coma Scale score < 8 with a mechanism attributed to trauma; or
  - Who is determined by an emergency physician to be a major resuscitation.
22. "Meet the ACS standards," "meeting the ACS standards," or "meets the ACS standards" means be operated, being operated, or is operated in compliance with each applicable criterion for verification as required by ACS for verification.
23. "Meet the state standards," "meeting the state standards," or "meets the state standards" means be operated, being operated, or is operated in compliance with each applicable criterion listed in Exhibit I at least as frequently or consistently as required by the minimum threshold stated for the criterion in Exhibit I or at least 95% of the time, whichever is less.
24. "On-call" means assigned to respond and, if necessary, come to a health care institution when called by health care institution personnel.
25. "Owner" means one of the following:
- For a health care institution licensed under 9 A.A.C. 10, the licensee;
  - For a health care institution operated under federal or tribal laws, the administrative unit of the U.S. government or sovereign tribal nation operating the health care institution.
26. "Person" means:
- An individual;
  - A business organization such as an association, cooperative, corporation, limited liability company, or partnership; or
  - An administrative unit of the U.S. government, state government, or a political subdivision of the state.
27. "Personnel" means an individual providing medical services, nursing services, or health-related services to a patient.
28. "PGY" means postgraduate year, a classification for residents in postgraduate training indicating the year that they are in during their post-medical-school residency program.
29. "Self-designated Level I trauma facility" means a health care institution that as of July 1, 2004, met the definition of a Level I trauma center under A.A.C. R9-22-2101(F)(1).
30. "SICU" means surgical intensive care unit.
31. "Signature" means:
- A handwritten or stamped representation of an individual's name or a symbol intended to represent an individual's name, or
  - An "electronic signature" as defined in A.R.S. § 44-7002.

32. "Substantive review time period" means the number of days after completion of the administrative completeness time period during which the Department determines whether an application and owner comply with all substantive criteria required by rule for issuance of an approval.
33. "Transfer agreement" means a written contract between the owners of two health care institutions in which one owner agrees to have its health care institution receive a patient from the other owner's health care institution if the patient falls within specified criteria related to diagnosis, acuity, or treatment needs.
34. "Trauma center" has the same meaning as in A.R.S. § 36-2225.
35. "Valid" means that a license, certification, or other form of authorization is in full force and effect and not suspended or otherwise restricted.
36. "Verification" means formal confirmation by ACS that a health care institution has the resources and capabilities necessary to provide trauma services as a Level I, Level II, Level III, or Level IV trauma facility.
37. "Working day" means the period between 8:00 a.m. and 5:00 p.m. on a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday.

**R9-25-1302. Eligibility for Designation (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))**

A. To be eligible to obtain designation for a health care institution, an owner shall:

1. If applying for designation as a Level I trauma center:

a. Comply with one of the following:

- i. Hold a current and valid regular license for the health care institution to operate as a hospital, issued by the Department under 9 A.A.C. 10, Article 2; or
- ii. Be an administrative unit of the U.S. government or a sovereign tribal nation operating the health care institution as a hospital under federal or tribal law; and

b. Comply with one of the following:

- i. Hold current verification for the health care institution as a Level I trauma facility; or
- ii. Have current documentation issued by ACS stating that the health care institution meets the state standards for a Level I trauma center;

2. If applying for designation as a Level II trauma center:

a. Comply with one of the following:

- i. Hold a current and valid regular license for the health care institution to operate as a hospital, issued by the Department under 9 A.A.C. 10, Article 2; or
- ii. Be an administrative unit of the U.S. government or a sovereign tribal nation operating the health care institution as a hospital under federal or tribal law; and

b. Comply with one of the following:

- i. Hold current verification for the health care institution as a Level II trauma facility; or
- ii. Have current documentation issued by ACS stating that the health care institution meets the state standards for a Level II trauma center;

3. If applying for designation as a Level III trauma center:

- a. Comply with one of the following:
    - i. Hold a current and valid regular license for the health care institution to operate as a hospital, issued by the Department under 9 A.A.C. 10, Article 2; or
    - ii. Be an administrative unit of the U.S. government or a sovereign tribal nation operating the health care institution as a hospital under federal or tribal law; and
  - b. Comply with one of the following:
    - i. Hold current verification for the health care institution as a Level III trauma facility; or
    - ii. Have current documentation issued by ACS stating that the health care institution meets the state standards for a Level III trauma center; and
4. If applying for designation as a Level IV trauma center:
- a. Comply with one of the following:
    - i. Hold a current and valid regular license for the health care institution to operate, issued by the Department under 9 A.A.C. 10; or
    - ii. Be an administrative unit of the U.S. government or a sovereign tribal nation operating the health care institution under federal or tribal law; and
  - b. Comply with one of the following:
    - i. Hold current verification for the health care institution as a Level IV trauma facility; or
    - ii. Demonstrate, during an on-site survey of the health care institution conducted by the Department as described in R9-25-1310, that the health care institution meets the state standards for a Level IV trauma center.

B. To be eligible to retain designation for a health care institution, an owner shall:

- 1. Maintain a current and valid regular license for the health care institution to operate, if applicable; and
- 2. Comply with the trauma center responsibilities in R9-25-1313.

**R9-25-1303. Expired**

**R9-25-1304. Initial Application and Designation Process (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))**

A. An owner applying for initial designation shall submit to the Department an application including:

- 1. An application form provided by the Department containing:
  - a. The name, address, and main telephone number of the health care institution for which the owner seeks designation;
  - b. The owner's name, address, and telephone number and, if available, fax number and e-mail address;
  - c. The name and telephone number and, if available, fax number and e-mail address of the chief administrative officer for the health care institution for which the owner seeks designation;
  - d. The designation Level for which the owner is applying;
  - e. If the owner holds verification for the health care institution for which designation is sought, the Level of verification held and the effective and expiration dates of the verification;
  - f. The asserted basis for designation:
    - i. The owner holds verification for the health care institution,
    - ii. The owner's health care institution meets the state standards, or
    - iii. The owner is eligible for the grace period under R9-25-1303;

- g. Unless the owner is an administrative unit of the U.S. government or a sovereign tribal nation, the hospital or health care institution license number for the health care institution for which designation is sought;
  - h. If applying for designation as a Level I, Level II, or Level III trauma center, the name and telephone number and, if available, fax number and e-mail address of the health care institution's trauma medical director;
  - i. The name, title, address, and telephone number of the owner's statutory agent or the individual designated by the owner to accept service of process and subpoenas;
  - j. Attestation that the owner knows all applicable requirements in A.R.S. Title 36, Chapter 21.1 and this Article;
  - k. Attestation that the information provided in the application, including the information in the documents attached to the application form, is accurate and complete; and
  - l. The dated signature of:
    - i. If the owner is an individual, the individual;
    - ii. If the owner is a corporation, an officer of the corporation;
    - iii. If the owner is a partnership, one of the partners;
    - iv. If the owner is a limited liability company, a manager or, if the limited liability company does not have a manager, a member of the limited liability company;
    - v. If the owner is an association or cooperative, a member of the governing board of the association or cooperative;
    - vi. If the owner is a joint venture, one of the individuals signing the joint venture agreement;
    - vii. If the owner is a governmental agency, the individual in the senior leadership position with the agency or an individual designated in writing by that individual; and
    - viii. If the owner is a business organization type other than those described in subsections (A)(1)(i) through (vi), an individual who is a member of the business organization;
2. Unless the owner is an administrative unit of the U.S. government or a sovereign tribal nation, a copy of the current regular hospital or health care institution license issued by the Department for the health care institution for which designation is sought;
3. If applying for designation based on verification, documentation issued by ACS establishing that the owner holds current verification for the health care institution at the Level of designation sought and showing the effective and expiration dates of the verification; and
4. If applying for designation as a Level I, Level II, or Level III trauma center based on meeting the state standards, current documentation issued by ACS establishing that the owner's health care institution meets the state standards listed in Exhibit I for the Level of designation sought.
- B. The Department shall process an application as provided in R9-25-1315.
- C. The Department shall approve designation if the Department determines that an owner is eligible for designation as described in R9-25-1302.

**R9-25-1305. Eligibility for Provisional Designation; Provisional Designation Process (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))**

- A. The owner of a health care institution may apply for one 18-month provisional designation as a Level I, Level II, or Level III trauma center if:

1. When the owner applies for provisional designation, the owner's health care institution has not produced at least 12 consecutive months of data related to trauma services provided at the health care institution; and
  2. The owner cannot comply with R9-25-1302(A)(1)(b), (A)(2)(b), or (A)(3)(b).
- B. To be eligible to obtain provisional designation for a health care institution, an owner shall:
1. Comply with one of the following:
    - a. Hold a current and valid regular license for the health care institution to operate as a hospital, issued by the Department under 9 A.A.C. 10, Article 2; or
    - b. Be an administrative unit of the U.S. government or a sovereign tribal nation operating the health care institution as a hospital under federal or tribal law; and
  2. Make the attestations described in subsection (C)(2).
- C. An owner applying for provisional designation shall submit to the Department an application including:
1. An application form that contains the information and items listed in R9-25-1304(A)(1)(a) through (A)(1)(d), (A)(1)(g) through (A)(1)(l), and (A)(2); and
  2. Attestation that:
    - a. The owner's health care institution has the resources and capabilities necessary to meet the state standards for the Level of designation sought and will meet the state standards for the Level of designation sought during the term of the provisional designation; and
    - b. During the term of the provisional designation, the owner will:
      - i. Ensure that the trauma center meets the state standards;
      - ii. Apply for verification for the trauma center; and
      - iii. Provide to the Department, within 30 days after applying for verification, documentation issued by ACS establishing that the owner has applied for verification.
- D. The Department shall process an application submitted under this Section as provided in R9-25-1315.
- E. The Department shall approve provisional designation if the Department determines that an owner is eligible for provisional designation as described in subsection (B).
- F. To be eligible to retain provisional designation for a health care institution, an owner shall:
1. Comply with subsection (B)(1)(a) or (b);
  2. Comply with the trauma center responsibilities in R9-25-1313;
  3. Apply for verification for the trauma center; and
  4. Provide to the Department, within 30 days after applying for verification, documentation issued by ACS establishing that the owner has applied for verification.
- G. An owner who holds provisional designation and who desires to retain designation shall, before the expiration date of the provisional designation:
1. If the owner can comply with R9-25-1302(A)(1)(b), (A)(2)(b), or (A)(3)(b), apply for initial designation under R9-25-1304; or



2. If the owner cannot comply with R9-25-1302(A)(1)(b), (A)(2)(b), or (A)(3)(b), apply for an extension of the provisional designation under subsection (H).

H. An owner who holds provisional designation and who will not be able to comply with R9-25-1302(A)(1)(b), (A)(2)(b), or (A)(3)(b) on the expiration date of the provisional designation may apply to the Department, on a form provided by the Department, for one 180-day extension of the provisional designation and shall include with the application documentation issued by ACS showing the owner's progress in obtaining an ACS site visit.

I. The Department shall grant an extension if an owner provides documentation issued by ACS:

1. Establishing that the owner has applied for verification; and
2. Showing the owner's progress in obtaining an ACS site visit.

J. The Department may:

1. Investigate, as provided under R9-25-1311, a trauma center that is the subject of a provisional designation; and
2. Revoke, as provided under R9-25-1312, a provisional designation.

**R9-25-1306. Designation Renewal Process (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))**

A. At least 60 days before the expiration date of a current designation, an owner who desires to obtain renewal of designation shall submit to the Department an application including:

1. An application form that contains the information listed in R9-25-1304(A)(1);
2. If applying for renewal of designation as a Level I, Level II, or Level III trauma center based on meeting the state standards, one of the following:
  - a. Documentation issued by ACS no more than 60 days before the date of application establishing that the owner's trauma center meets the state standards listed in Exhibit I for the Level of designation sought; or
  - b. Documentation issued by ACS establishing that the owner has applied for verification for the trauma center, at the Level corresponding to the Level of designation sought, for the three-year period directly following the expiration of the owner's current designation; and
3. If applying for renewal of designation based on verification, documentation issued by ACS establishing that the owner:
  - a. Holds verification for the trauma center, at the Level corresponding to the Level of designation sought, for the three-year period directly following the expiration of the owner's current verification and designation; or
  - b. Has applied for verification for the trauma center, at the Level corresponding to the Level of designation sought, for the three-year period directly following the expiration of the owner's current verification and designation.

B. The Department shall process an application as provided in R9-25-1315.

C. The Department shall renew designation if the Department determines that the owner is eligible to retain designation as described in R9-25-1302(B).

- D. The Department shall not renew designation based on verification or ACS's determination that a trauma center meets the state standards until the Department receives documentation that complies with subsection (A)(2)(a) or (A)(3)(a).

**R9-25-1307. Term of Designation (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))**

- A. The Department shall issue initial designation or renewal of designation:

1. When based on verification, with a term beginning on the date of issuance and ending on the expiration date of the verification upon which designation is based; and
2. When based on meeting the state standards or eligibility under R9-25-1303, with a term beginning on the date of issuance and ending three years later.

- B. The Department shall issue a provisional designation with a term beginning on the date of issuance and ending 18 months later and an extension of provisional designation with a term beginning on the expiration date of the provisional designation and ending 180 days later.

- C. The Department shall issue a modified designation with a term beginning on the date of issuance and ending on the expiration date of the designation issued before the application for modification of designation under R9-25-1309.

- D. If an owner submits an application for renewal of designation as described in R9-25-1306 before the expiration date of the current designation, or submits an application for extension of provisional designation as described in R9-25-1305 before the expiration date of the provisional designation, the current designation does not expire until the Department has made a final determination on the application for renewal of designation or extension of provisional designation.

**R9-25-1308. Changes Affecting Designation Status (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))**

- A. At least 30 days before the date of a change in a trauma center's name, the owner of the trauma center shall send the Department written notice of the name change.

- B. At least 90 days before a trauma center ceases to offer trauma services, the owner of the trauma center shall send the Department written notice of the intention to cease offering trauma services and the desire to relinquish designation.

- C. Within 30 days after the date of receipt of a notice described in subsection (A) or (B), the Department shall:

1. For a notice described in subsection (A), issue an amended designation that incorporates the name change but retains the expiration date of the current designation; or
2. For a notice described in subsection (B), send the owner written confirmation of the voluntary relinquishment of designation, with an effective date consistent with the written notice.

- D. An owner of a trauma center shall notify the Department in writing within three working days after:

1. The trauma center's hospital or health care institution license expires or is suspended, revoked, or changed to a provisional license;
2. A change in the trauma center's verification status; or

3. A change in the trauma center's ability to meet the state standards or, if designation is based on verification, to meet the ACS standards, that is expected to last for more than one week.
- E. An owner of a trauma center who obtains verification for the trauma center during a term of designation based on meeting the state standards may obtain a new initial designation based on verification, with a designation term based on the dates of the verification, by submitting an initial application as provided in R9-25-1304.

**R9-25-1309. Modification of Designation (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))**

- A. An owner of a trauma center who desires to obtain a designation that requires fewer resources and capabilities than the trauma center's current designation shall, at least 30 days before ceasing to provide trauma services consistent with the current designation, send the Department an application for modification of the trauma center's designation, including:
1. The name, address, and main telephone number of the trauma center for which the owner seeks modification of designation;
  2. The owner's name, address, and telephone number and, if available, fax number and e-mail address;
  3. A list of the applicable ACS or state criteria for the current designation with which the owner no longer intends to comply;
  4. An explanation of the changes being made in the trauma center's resources or operations related to each criterion listed under subsection (A)(3);
  5. The state Level of designation requested;
  6. Attestation that the owner knows the state standards for the Level of designation requested and will ensure that the trauma center meets the state standards if modified designation is issued;
  7. Attestation that the information provided in the application is accurate and complete; and
  8. The dated signature of the owner, as prescribed in R9-25-1304(A)(1)(l).
- B. The Department shall process an application as provided in R9-25-1315.
- C. The Department shall issue a modified designation if the Department determines that, with the changes being made in the trauma center's resources and operations, the trauma center will meet the state standards for the Level of designation requested.
- D. An owner who obtains modified designation shall, during the term of the modified designation, ensure that the owner's trauma center meets the state standards that were the subject of the owner's attestation described in subsection (A)(6).
- E. The Department may:
1. Investigate, as provided under R9-25-1311, a trauma center that is the subject of a modified designation; and
  2. Revoke, as provided under R9-25-1312, a modified designation.
- F. An owner who holds modified designation shall, before the expiration date of the modified designation:

1. If the owner desires to retain designation based on the trauma center's meeting the state standards at the Level of the modified designation, apply for renewal of designation under R9-25-1306; or
2. If the owner desires to obtain designation based on verification or based on the trauma center's meeting the state standards at a Level other than the Level of the modified designation, apply for initial designation under R9-25-1304.

**R9-25-1310. On-Site Survey for Designation as a Level IV Trauma Center Based on Meeting the State Standards (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))**

- A. Before issuing initial or renewal designation to an owner applying for designation as a Level IV trauma center based on meeting the state standards, the Department shall complete an announced on-site survey of the owner's health care institution that includes:
  1. Reviewing equipment and the physical plant;
  2. Interviewing personnel; and
  3. Reviewing:
    - a. Medical records;
    - b. Patient discharge summaries;
    - c. Patient care logs;
    - d. Personnel rosters and schedules;
    - e. Performance-improvement-related documents other than peer review documents privileged under A.R.S. §§ 36-445.01 and 36-2403, including reports prepared as required under R9-10-204(B)(2) and the supporting documentation for the reports; and
    - f. Other documents relevant to the provision of trauma services as a Level IV trauma center and that are not privileged under federal or state law.
- B. A Department surveyor shall make a verbal report of findings to an owner upon completion of an on-site survey.
- C. Within 30 days after completing an on-site survey, the Department shall send to an owner a written report of the Department's findings, including a list of any deficiencies identified during the on-site survey and a request for a written corrective action plan.
- D. Within 10 days after receiving a request for a written corrective action plan, an owner shall submit to the Department a written corrective action plan that includes for each identified deficiency:
  1. A description of how the deficiency will be corrected, and
  2. A date of correction for the deficiency.
- E. The Department shall accept a written corrective action plan if it:
  1. Describes how each identified deficiency will be corrected, and
  2. Includes a date for correcting each deficiency as soon as practicable based upon the actions necessary to correct the deficiency.

**R9-25-1311. Investigations (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4) and (5))**

- A. If the Department determines based upon Trauma Registry data collected by the Department or receives a complaint alleging that a trauma center is not meeting the state standards or, if designation is based on verification, is not meeting the ACS standards, the Department shall conduct an investigation of the trauma center.
1. The Department may conduct an announced or unannounced onsite survey as part of an investigation.
  2. Within 30 days after completing an investigation, the Department shall send to the owner of the trauma center investigated a written report of the Department's findings, including a list of any deficiencies identified during the investigation and a request for a written corrective action plan.
- B. Within 10 days after receiving a request for a written corrective action plan, an owner shall submit to the Department a written corrective action plan that includes for each identified deficiency:
1. A description of how the deficiency will be corrected, and
  2. A date of correction for the deficiency.
- C. The Department shall accept a written corrective action plan if it:
1. Describes how each identified deficiency will be corrected, and
  2. Includes a date for correcting each deficiency as soon as practicable based upon the actions necessary to correct the deficiency.

**R9-25-1312. Denial or Revocation of Designation (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))**

- A. The Department may deny or revoke designation if an owner:
1. Has provided false or misleading information to the Department;
  2. Is not eligible for designation under R9-25-1302(A) or (B) or, if applicable, R9-25-1305(B) or (F);
  3. Fails to submit to the Department all of the information requested in a written request for additional information within the time prescribed in R9-25-1315 and Table 1;
  4. Fails to submit a written corrective action plan as requested and required under R9-25-1310 or R9-25-1311;
  5. Fails to comply with a written corrective action plan accepted by the Department under R9-25-1310 or R9-25-1311;
  6. Fails to allow the Department to enter the premises of the owner's health care institution, to interview personnel, or to review documents that are not documents privileged under federal or state law; or
  7. Fails to comply with any applicable provision in A.R.S. Title 36, Chapter 21.1 or this Article.
- B. In determining whether to deny or revoke designation, the Department shall consider:

1. The severity of each violation relative to public health and safety;
  2. The number of violations;
  3. The nature and circumstances of each violation;
  4. Whether each violation was corrected, the manner of correction, and the duration of the violation; and
  5. Whether the violations indicate a lack of commitment to having the trauma center meet the state standards or, if applicable, the ACS standards.
- C. If the Department denies or revokes designation, the Department shall send to the owner a written notice setting forth the information required under A.R.S. § 41-1092.03.
1. An owner may file a written notice of appeal with the Department within 30 days after receiving a notice of denial or revocation, as provided in A.R.S. § 41-1092.03.
  2. An appeal shall be conducted according to A.R.S. Title 41, Chapter 6, Article 10.

**R9-25-1313. Trauma Center Responsibilities (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4), (5), and (6))**

The owner of a trauma center shall ensure that:

1. The trauma center meets the state standards or, if designation is based on verification, meets the ACS standards;
2. Data related to the trauma services provided at the trauma center are submitted to the Department's Trauma Registry as required by the Department;
3. The owner and the trauma center staff comply with the applicable provisions of A.R.S. Title 36, Chapter 21.1 and this Article; and
4. The owner and the trauma center staff comply with all applicable federal and state laws relating to confidentiality of information.

**R9-25-1314. Confidentiality of Information (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4) and (6))**

The Department shall comply with all applicable federal and state laws relating to confidentiality of information.

**R9-25-1315. Application Processing Time Periods (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))**

- A. The application processing time periods for each type of approval granted by the Department under this Article are listed in Table 1 and may be extended through a written agreement between an owner and the Department.
- B. The Department shall, within the administrative completeness time period specified in Table 1, review each application submitted for administrative completeness.

1. If an application is incomplete, the Department shall send to the owner a written notice listing each deficiency and the information or items needed to complete the application.
  2. If an owner fails to submit to the Department all of the information or items listed in a notice of deficiencies within the time period specified in Table 1, the Department shall consider the application withdrawn.
- C. After determining that an application is administratively complete, the Department shall review the application for substantive compliance with the requirements for approval.
1. The Department shall complete its substantive review of each application, and send an owner written notice of approval or denial, within the substantive review time period specified in Table 1.
  2. As part of the substantive review for an application for initial designation or renewal of designation as a Level IV trauma center based on meeting the state standards, the Department shall conduct an announced onsite survey of the health care institution or trauma center as described in R9-25-1310.
  3. An owner applying for renewal of designation who submits documentation of the owner's having applied for verification as permitted under R9-25-1306(A)(2)(b) or (A)(3)(b) shall submit to the Department during the substantive review time period documentation that complies with R9-25-1306(A)(2)(a) or (A)(3)(a).
  4. During the substantive review time period, the Department may make one written request for additional information, listing the information or items needed to determine whether to approve the application, including, for an owner applying for renewal described in subsection (C)(3), a request for documentation that complies with R9-25-1306(A)(2)(a) or (A)(3)(a).
  5. For an application for initial designation or renewal of designation as a Level IV trauma center based on meeting the state standards, a written request for additional information may include a request for a corrective action plan to correct any deficiencies identified during an onsite survey of the health care institution or trauma center.
  6. If an owner fails to submit to the Department all of the information or items listed in a written request for additional information, including, if applicable, a corrective action plan, within the time period specified in Table 1, the Department shall deny the application.
- D. In applying this Section, the Department shall:
1. In calculating an owner's time to respond, begin on the postmark date of a notice of deficiencies or written request for additional information and end on the date that the Department receives all of the information or documents requested in the notice of deficiencies or written request for additional information; and
  2. In calculating the Department's time periods, not include any time during which the Department is waiting for an owner to submit information or documents to the Department as requested by the Department in a notice of deficiencies or written request for additional information.
- E. If the Department denies an application, the Department shall send to the owner a written notice of denial setting forth the information required under A.R.S. § 41-1092.03.
1. An owner may file a written notice of appeal with the Department within 30 days after receiving the notice of denial, as provided in A.R.S. § 41-1092.03.

2. An appeal shall be conducted according to A.R.S. Title 41, Chapter 6, Article 10.



**Table 1. Application Processing Time Periods (in days)**  
**(A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))**

Type of Approval	Department's Administrative Completeness Time Period	Owner's Time to Respond to Notice of Deficiencies	Department's Substantive Review Time Period	Owner's Time to Respond to Written Request for Additional Information
Initial Designation (R9-25-1304)	30	30	90	60
Provisional Designation (R9-25-1305)	30	30	90	60
Extension of Provisional Designation (R9-25-1305)	15	30	15	30
Renewal of Designation (R9-25-1306)	30	30	90	120
Modification of Designation (R9-25-1309)	30	30	90	60

**Exhibit I. Arizona Trauma Center Standards**  
**(A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))**

E = Essential and required

Trauma Facilities Criteria	Levels			
	I	II	III	IV
<b>A. Institutional Organization</b>				
1. Trauma program	E	E	E	-
2. Trauma service	E	E	E	-
3. Trauma team	E	E	E	E
4. Trauma program medical director <sup>1</sup>	E	E	E	-
5. Trauma multidisciplinary committee	E	E	E	-
6. Trauma coordinator/trauma program manager <sup>2</sup>	E	E	E	E
<b>B. Hospital Departments/Divisions/Sections</b>				
1. Surgery	E	E	E	-
2. Neurological surgery	E	E	-	-
a. Neurosurgical trauma liaison	E	E	-	-
3. Orthopaedic surgery	E	E	E	-
a. Orthopaedic trauma liaison	E	E	E	-
4. Emergency medicine	E	E	E	-
a. Emergency medicine liaison <sup>3</sup>	E	E	E	-
5. Anesthesia	E	E	E	-
<b>C. Clinical Capabilities</b>				
1. Published on-call schedule for each listed specialty required in (C)(2) and (3)	E	E	E	-
2. Specialty immediately available 24 hours/day				
a. General surgery <sup>4</sup>	E	E	E	-
i. Published back-up schedule	E	E	-	-
ii. Dedicated to single hospital when on-call	E	E	-	-
b. Anesthesia <sup>5</sup>	E	E	E	-
c. Emergency medicine <sup>6</sup>	E	E	E	-
3. On-call and promptly available 24 hours/day <sup>7</sup>				
a. Cardiac surgery <sup>8</sup>	E	-	-	-
b. Hand surgery	E	E	-	-
c. Microvascular/replant surgery	E	-	-	-
d. Neurologic surgery	E	E	-	-
i. Dedicated to one hospital or back-up call	E	E	-	-
e. Obstetrics/gynecologic surgery	E	-	-	-
f. Ophthalmic surgery	E	E	-	-
g. Oral/maxillofacial surgery <sup>9</sup>	E	E	-	-

Trauma Facilities Criteria	Levels			
	I	II	III	IV
h. Orthopaedic surgery	E	E	E	-
i. Dedicated to one hospital or back-up call	E	E	-	-
i. Plastic surgery	E	E	-	-
j. Critical care medicine	E	E	-	-
k. Radiology	E	E	E	-
l. Thoracic surgery	E	E	-	-
<b>D. Clinical Qualifications</b>				
1. General/Trauma Surgeon				
a. Board certification <sup>10</sup>	E	E	E	-
b. 16 hours CME/year <sup>11</sup>	E	E	-	-
c. ATLS certification <sup>12</sup>	E	E	E	E
d. Multidisciplinary peer review committee attendance > 50% <sup>13</sup>	E	E	E	-
2. Emergency Medicine <sup>3</sup>				
a. Board certification <sup>10</sup>	E	E	-	-
b. Trauma education - 16 hours CME/year <sup>11</sup>	E	E	-	-
c. ATLS certification <sup>12</sup>	E	E	E	E
d. Multidisciplinary peer review committee attendance > 50% <sup>13</sup>	E	E	E	-
3. Neurosurgery				
a. Board certification	E	E	-	-
b. 16 hours CME/year <sup>11</sup>	E	E	-	-
c. Multidisciplinary peer review committee attendance > 50% <sup>13</sup>	E	E	E	-
4. Orthopaedic Surgery				
a. Board certification	E	E	-	-
b. 16 hours CME/year in skeletal trauma <sup>11</sup>	E	E	-	-
c. Multidisciplinary peer review committee attendance > 50% <sup>13</sup>	E	E	E	-
<b>E. Facilities/Resources/Capabilities</b>				
1. Volume Performance <sup>14</sup>	E	-	-	-
2. Presence of surgeon at resuscitation (immediately available) <sup>15</sup>	E	E	-	-
3. Presence of surgeon at resuscitation (promptly available) <sup>16</sup>	-	-	E	-
4. Presence of surgeon at operative procedures	E	E	E	E
5. Emergency Department				
a. Personnel				
i. Designated physician director	E	E	E	-
b. Resuscitation Equipment for Patients of All Ages				
i. Airway control and ventilation equipment	E	E	E	E
ii. Pulse oximetry	E	E	E	E
iii. Suction devices	E	E	E	E

Trauma Facilities Criteria	Levels			
	I	II	III	IV
iv. Electrocardiograph-oscilloscope-defibrillator	E	E	E	E
v. Internal paddles	E	E	E	-
vi. CVP monitoring equipment	E	E	E	-
vii. Standard intravenous fluids and administration sets	E	E	E	E
viii. Large-bore intravenous catheters	E	E	E	E
ix. Sterile Surgical Sets for				
(1) Airway control/cricothyrotomy	E	E	E	E
(2) Thoracostomy	E	E	E	E
(3) Venous cutdown	E	E	E	E
(4) Central line insertion	E	E	E	-
(5) Thoracotomy	E	E	E	-
(6) Peritoneal lavage	E	E	E	-
x. Arterial catheters	E	E	-	-
xi. Drugs necessary for emergency care	E	E	E	E
xii. X-ray availability 24 hours/day	E	E	E	-
xiii. Broselow tape	E	E	E	E
xiv. Thermal Control Equipment				
(1) For patient	E	E	E	E
(2) For fluids and blood	E	E	E	E
xv. Rapid infuser system	E	E	E	E
xvi. Qualitative end-tidal CO2 determination	E	E	E	E
c. Communication with EMS vehicles	E	E	E	E
d. Capability to resuscitate, stabilize, and transport pediatric patients <sup>17</sup>	E	E	E	E
6. Operating Room				
a. Immediately available 24 hours/day	E	E	-	-
b. Personnel				
i. In-house 24 hours/day <sup>18</sup>	E	-	-	-
ii. Available 24 hours/day <sup>19</sup>	-	E	E	-
c. Age-Specific Equipment				
i. Cardiopulmonary bypass	E	-	-	-
ii. Operating microscope	E	-	-	-
d. Thermal Control Equipment				
i. For patient	E	E	E	E
ii. For fluids and blood	E	E	E	E
e. X-ray capability including C-arm image intensifier	E	E	E	-
f. Endoscopes, bronchoscope	E	E	E	-
g. Craniotomy instruments	E	E	-	-

Trauma Facilities Criteria	Levels			
	I	II	III	IV
h. Equipment for long bone and pelvic fixation	E	E	E	-
i. Rapid infuser system	E	E	E	E
7. Postanesthetic Recovery Room (SICU is acceptable)				
a. Registered nurses available 24 hours/day	E	E	E	-
b. Equipment for monitoring and resuscitation	E	E	E	E
c. Intracranial pressure monitoring equipment	E	E	-	-
i. Pulse oximetry	E	E	E	E
ii. Thermal control	E	E	E	E
8. Intensive or Critical Care Unit for Injured Patients				
a. Registered nurses with trauma training	E	E	E	-
b. Designated surgical director or surgical co-director	E	E	E	-
c. Surgical ICU service physician in-house 24 hours/day <sup>20</sup>	E	-	-	-
d. Surgically directed and staffed ICU service <sup>20</sup>	E	E	-	-
e. Equipment for monitoring and resuscitation	E	E	E	-
f. Intracranial pressure monitoring equipment	E	E	-	-
g. Pulmonary artery monitoring equipment	E	E	E	-
9. Respiratory Therapy Services				
a. Available in-house 24 hours/day	E	E	-	-
b. On-call 24 hours/day	-	-	E	-
10. Radiological Services (Available 24 hours/day)				
a. In-house radiology technologist	E	E	-	-
b. Angiography	E	E	-	-
c. Sonography	E	E	E	-
d. Computed tomography	E	E	E	-
i. In-house CT technician	E	E	-	-
e. Magnetic resonance imaging	E	-	-	-
11. Clinical Laboratory Service (Available 24 hours/day)				
a. Standard analyses of blood, urine, and other body fluids, including microsampling when appropriate	E	E	E	E
b. Blood typing and cross-matching	E	E	E	-
c. Coagulation studies	E	E	E	E
d. Comprehensive blood bank or access to a community central blood bank and adequate storage facilities	E	E	E	-
e. Blood gases and pH determinations	E	E	E	E
f. Microbiology	E	E	E	-
12. Acute Hemodialysis				
a. In-house	E	-	-	-
b. Transfer agreement	-	E	E	E

Trauma Facilities Criteria	Levels			
	I	II	III	IV
13. Burn Care--Organized				
a. In-house or transfer agreement with burn center	E	E	E	E
14. Acute Spinal Cord Management				
a. In-house or transfer agreement with regional acute spinal cord injury rehabilitation center	E	E	E	E
<b>F. Rehabilitation Services</b>				
1. Transfer agreement to an approved rehabilitation facility	E	E	E	E
2. Physical therapy	E	E	E	-
3. Occupational therapy	E	E	-	-
4. Speech therapy	E	E	-	-
5. Social Services	E	E	E	-
<b>G. Performance Improvement</b>				
1. Performance improvement programs	E	E	E	E
2. Trauma Registry				
a. In-house	E	E	E	E
b. Participation in state, local, or regional registry	E	E	E	E
3. Audit of all trauma deaths	E	E	E	E
4. Morbidity and mortality review	E	E	E	E
5. Trauma conference - multidisciplinary	E	E	E	-
6. Medical nursing audit	E	E	E	E
7. Review of prehospital trauma care	E	E	E	-
8. Review of times and reasons for trauma-related bypass	E	E	-	-
9. Review of times and reasons for transfer of injured patients	E	E	E	E
10. Performance improvement personnel dedicated to care of injured patients	E	E	-	-
<b>H. Continuing Education/Outreach</b>				
1. Outreach activities <sup>21</sup>	E	E	-	-
2. Residency program <sup>22</sup>	E	-	-	-
3. ATLS provide/participate <sup>23</sup>	E	-	-	-
4. Programs provided by hospital for:				
a. Staff/community physicians (CME)	E	E	E <sup>24</sup>	-
b. Nurses	E	E	E	-
c. Allied health personnel	E	E	E	-
d. Prehospital personnel provision/participation	E	E	E	-
<b>I. Prevention</b>				
1. Prevention program <sup>25</sup>	E	E	-	-
2. Collaboration with existing national, regional, state, and community programs <sup>26</sup>	E	E	E	E
<b>J. Research</b>				

Trauma Facilities Criteria	Levels			
	I	II	III	IV
1. Research program <sup>27</sup>	E	-	-	-
2. Trauma registry performance improvement activities	E	E	E	-
3. Identifiable Institutional Review Board process	E	-	-	-
4. Extramural education presentations	E28	-	-	-
K. Additional Requirements for Trauma Centers Represented as Caring for Pediatric Trauma Patients <sup>29</sup>				
1. Trauma surgeons credentialed for pediatric trauma care	E	E	-	-
2. Pediatric emergency department area	E	E	-	-
3. Pediatric resuscitation equipment in all patient care areas	E	E	-	-
4. Microsampling	E	E	E	-
5. Pediatric-specific performance improvement program	E	E	E	E
6. Pediatric intensive care unit	E30	E31	-	-

1. An individual may not serve as trauma medical director for more than one trauma center at the same time.
2. For a Level I trauma center, this shall be a full-time position.
3. This does not apply if emergency medicine physicians do not participate in the care of a hospital's trauma patients.
4. For this criterion, "immediately available" means that:
  1. For a Level I trauma center, a PGY 4 or 5 surgery resident or a trauma surgeon is on the hospital premises at all times; and
  2. For all major resuscitations in a Level I, II, or III trauma center:
    - a. If advance notice is provided from the field, a trauma surgeon is present in the emergency department upon patient arrival; and
    - b. If advance notice is not provided from the field, a trauma surgeon is present in the emergency department:
      - i. For a Level I or II trauma center, no later than 15 minutes after patient arrival; or
      - ii. For a Level III trauma center, no later than 30 minutes after patient arrival.

The minimum threshold for compliance with #2 is 80%.

A PGY 4 or 5 surgery resident may begin resuscitation while awaiting the arrival of the trauma surgeon, but is not a replacement for the trauma surgeon.

5. For this criterion, "immediately available" means that:
  1. For a Level I trauma center, an anesthesiologist, anesthesiology chief resident, or certified registered nurse anesthetist is on the hospital premises at all times;
  2. For a Level II trauma center, an anesthesiologist, anesthesiology chief resident, or certified registered nurse anesthetist is present in the emergency department no later than 15 minutes after patient arrival;

3. For a Level III trauma center, an anesthesiologist, anesthesiology chief resident, or certified registered nurse anesthetist is present in the emergency department no later than 30 minutes after patient arrival; and
4. For a Level I, II, or III trauma center, an anesthesiologist is present for all surgeries.
6. For this criterion, "immediately available" means that an emergency medicine physician is physically present in the emergency department at all times. However, if emergency medicine physicians do not participate in the care of a hospital's trauma patients, an emergency medicine physician is not required to be immediately available 24 hours per day.
7. For the criteria in (C)(3)(a)-(l), "promptly available" means that:
  1. A physician specialist is present in the emergency department no later than 45 minutes after notification, based on patient need; or
  2. For hand surgery and microvascular/replant surgery, the owner has transfer agreements to ensure that a patient in need of hand surgery or microvascular/replant surgery can be expeditiously transferred to a health care institution that has a hand surgeon or microvascular/replant surgeon on the premises.
8. This criterion is satisfied by a physician authorized by the hospital to perform cardiothoracic surgery.
9. This criterion is satisfied by a dentist or physician authorized by the hospital to perform oral and maxillofacial surgery. If a physician, the individual shall be a plastic surgeon or an otolaryngologist.
10. In a Level I or II trauma center, a non-board-certified physician may be included in the trauma service if the physician:
  1. If a surgeon, is in the examination process by the American Board of Surgery;
  2. If the trauma medical director, is a Fellow of ACS;
  3. Unless the trauma medical director, complies with the following:
    - a. Has a letter written by the trauma medical director demonstrating that the health care institution's trauma program has a critical need for the physician because of the physician's individual experience or the limited physician resources available in the physician's specialty;
    - b. Has successfully completed an accredited residency training program in the physician's specialty, as certified by a letter from the director of the residency training program;
    - c. Has current ATLS certification as a provider or instructor, as established by documentation;
    - d. Has completed 48 hours of trauma CME within the past three years, as established by documentation;
    - e. Has attended at least 50% of the trauma quality assurance and educational meetings, as established by documentation;
    - f. Has been a member or attended local, regional, and national trauma organization meetings within the past three years, as established by documentation;
    - g. Has a list of patients treated over the past year with accompanying ISS and outcome for each;
    - h. Has a quality assurance assessment by the trauma medical director showing that the morbidity and mortality results for the physician's patients compare favorably with the morbidity and mortality results for comparable patients treated by other members of the trauma service; and
    - i. Has full and unrestricted privileges in the physician's specialty and in the department with which the physician is affiliated; or



4. Complies with the following:

- a. Has provided exceptional care of trauma patients, as established by documentation such as a quality assurance assessment by the trauma medical director;
- b. Has numerous publications, including publication of excellent research;
- c. Has made numerous presentations; and
- d. Has provided excellent teaching, as established by documentation.

In a Level III trauma center, only the trauma medical director is required to be board-certified.

11. This criterion applies only to the trauma medical director, the emergency medicine liaison, the neurosurgical trauma liaison, and the orthopaedic trauma liaison. This criterion is satisfied by an average of 16 hours annually, or 48 hours over three years, of verifiable external trauma-related CME. External CME includes programs given by visiting professors or invited speakers and teaching an ATLS course.
12. Among the trauma surgeons, only the trauma medical director is required to have current ATLS certification. The other trauma surgeons are required to have held ATLS certification at one time. Among the emergency medicine physicians, only non-board-certified physicians are required to have current ATLS certification. The other emergency medicine physicians are required to have held ATLS certification at one time.
13. Among the trauma surgeons, 50% attendance is required for each member of the trauma surgical core group. In the other specialty areas, 50% attendance is required only for the emergency medicine liaison, the neurosurgical trauma liaison, and the orthopaedic trauma liaison.
14. Except for Level I trauma centers that care only for pediatric patients, each Level I trauma center shall satisfy one of the following volume performance standards:
  1. 1200 trauma admissions per year,
  2. 240 admissions with ISS > 15 per year, or
  3. An average of 35 patients with ISS > 15 for the trauma panel surgeons per year.

Burn patients may be included in annual trauma admissions if the trauma service, not a separate burn service, is responsible for burn care in the trauma center.

15. For this criterion, "immediately available" means that for all major resuscitations in a Level I or II trauma center:
  1. If advance notice is provided from the field, a trauma surgeon is present in the emergency department upon patient arrival; and
  2. If advance notice is not provided from the field, a trauma surgeon is present in the emergency department no later than 15 minutes after patient arrival.

The minimum threshold for compliance with this criterion is 80%.

A PGY 4 or 5 surgery resident may begin resuscitation while awaiting the arrival of the trauma surgeon, but is not a replacement for the trauma surgeon.

16. For this criterion, "promptly available" means that for all major resuscitations in a Level III trauma center:

1. If advance notice is provided from the field, a trauma surgeon is present in the emergency department upon patient arrival; and
2. If advance notice is not provided from the field, a trauma surgeon is present in the emergency department no later than 30 minutes after patient arrival.

The minimum threshold for compliance with this criterion is 80%.

A PGY 4 or 5 surgery resident may begin resuscitation while awaiting the arrival of the trauma surgeon, but is not a replacement for the trauma surgeon.

17. A trauma center that does not admit pediatric patients shall be capable of resuscitating, stabilizing, and transporting pediatric trauma patients.
18. A Level I trauma center shall have a complete operating room team in the hospital at all times, so that an injured patient who requires operative care can receive it in the most expeditious manner. The members of the operating room team shall be assigned to the operating room as their primary function; they cannot also be dedicated to other functions within the institution.
19. A Level II trauma center shall have a complete operating room team available when needed. The need to have an in-house operating room team depends on a number of things, including the patient population served, the ability to share responsibility for operating room coverage with other hospital staff, prehospital communication, and the size of the community served by the trauma center. If an out-of-house operating room team is used, then this aspect of care shall be monitored by the performance improvement program.
20. This requirement may be satisfied by a physician authorized by the hospital to admit patients into the intensive care unit as the attending physician or to perform critical care procedures.
21. This requirement is met through having an independent outreach program or participating in a collaborative outreach program. "Collaborative outreach program" means an organized effort, including multiple hospitals or sponsored or coordinated by a Regional Council or the Department, through which participating hospitals educate the general public or current or prospective physicians, nurses, prehospital providers, or allied health professionals regarding injury prevention, trauma triage, interfacility transfer of trauma patients, or trauma care.
22. A Level I trauma center shall have a functional and documented teaching commitment. This requirement may be met through:
  1. A trauma fellowship program; or
  2. Active participation with one of the following types of residency programs in emergency medicine, general surgery, orthopaedic surgery, or neurosurgery:
    - a. An independent residency program;
    - b. A regional residency rotation program; or
    - c. A collaborative residency program that includes multiple hospitals, with each non-sponsor participating hospital hosting at least one rotation.
23. This requirement is met through participating in the provision of ATLS courses and having ATLS instructors on staff.
24. When a Level III trauma center is in an area that contains a Level I or Level II trauma center, this is not required.

25. This requirement is met through having an independent prevention program or participating in a collaborative prevention program. "Collaborative prevention program" means an organized effort, including multiple hospitals or sponsored or coordinated by a Regional Council or the Department, through which participating health care institutions promote injury prevention through primary, secondary, or tertiary prevention strategies. An independent or collaborative prevention program shall include:
  1. Conducting injury control studies,
  2. Monitoring the progress and effect of the prevention program,
  3. Providing information resources for the public, and
  4. Each participating hospital's designating a prevention coordinator who serves as the hospital's spokesperson for prevention and injury control activities.
26. This requirement is met through participating in a prevention program organized at the national, regional, state, or local community level.
27. This requirement is met through having an independent research program or participating in a collaborative research program. "Collaborative research program" means an organized effort, including multiple hospitals or sponsored or coordinated by a Regional Council or the Department, through which participating hospitals systematically investigate issues related to trauma and trauma care. Injury control studies are considered to be research program activities if they have a stated focused hypothesis or research question.
28. The trauma program shall provide at least 12 educational presentations every three years outside the academically affiliated institutions of the trauma center.
29. A trauma center is required to comply with the requirements of (K)(1) through (6), in addition to the requirements in (A) through (J), if the trauma center is represented as caring for pediatric trauma patients. "Represented as caring for pediatric trauma patients" means that a trauma center's availability or capability to care for pediatric trauma patients is advertised to the general public, health care providers, or emergency medical services providers through print media, broadcast media, the Internet, or other means such as the EMS system, administered by the Department.
30. The trauma center shall have a PICU available on-site.
31. This requirement may be satisfied by a transfer agreement.

## **Article 14. Trauma Registry; Trauma System Quality Assurance**

### **R9-25-1401. Definitions (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2208(A), 36-2209(A)(2), 36-2221, and 36-2225(A)(5) and (6))**

The following definitions apply in this Article, unless otherwise specified:

1. "Aggregate trauma data" means a collection of data from the trauma registry that is compiled so that it is not possible to identify a particular trauma patient, trauma patient's family, health care provider, or health care institution.
2. "AIS" means abbreviated injury scale, an anatomic severity scoring system established in Association for the Advancement of Automotive Medicine Committee on Injury Scaling, Abbreviated Injury Scale (AIS) 2005 (2005), incorporated by reference, including no future editions or amendments, and available from Association for the Advancement of Automotive Medicine, P.O. Box 4176, Barrington, IL 60011-4176, and [www.carcrash.org](http://www.carcrash.org).
3. "ALS base hospital" has the same meaning as "advanced life support base hospital" in A.R.S. 36-2201.
4. "Case" means a patient who meets R9-25-1402(A)(1), (2), or (3).
5. "Category" means a group of related codes within the ICD-9-CM, identified by the first three digits of each code number within the group, and including all code numbers that share the same first three digits.
6. "Data element" means a categorized piece of information.
7. "Data set" means a collection of data elements that includes, for each case, data that complies with Table 1.
8. "Department" means the Arizona Department of Health Services.
9. "ED" means emergency department, an organized area of a hospital that provides unscheduled emergency services, as defined in A.A.C. R9-10-201, 24 hours per day, seven days per week, to individuals who present for immediate medical attention.
10. "EMS" has the same meaning as "emergency medical services" in A.R.S. § 36-2201.
11. "EMS provider" has the same meaning as "emergency medical services provider" in A.R.S. § 36-2201.
12. "GCS" means Glasgow Coma Scale, a scoring system that defines eye, motor, and verbal responses in the patient with injury.
13. "Health care institution" has the same meaning as in A.R.S. § 36-401.
14. "Health care provider" means a caregiver involved in the delivery of trauma services to a patient, whether in a prehospital setting, in a hospital setting, or during rehabilitation.
15. "Hospital" has the same meaning as in A.A.C. R9-10-201.
16. "ICD-9-CM" has the same meaning as in A.A.C. R9-4-101.

17. "ICD-9-CM E-code" means the external cause of injury as coded according to the ICD-9-CM.
18. "ICD-9-CM N-code" means the nature of injury as coded according to the ICD-9-CM.
19. "ICD-9-CM Procedure Code" means the procedure performed on a patient as coded according to the ICD-9-CM.
20. "Injury" means the result of an act that damages, harms, or hurts; unintentional or intentional damage to the body resulting from acute exposure to mechanical, thermal, electrical, or chemical energy or from the absence of such essentials as heat or oxygen.
21. "ISS" has the same meaning as in R9-25-1301.
22. "Owner" has the same meaning as in R9-25-1301.
23. "Patient" means an individual who is sick, injured, or dead and who requires medical monitoring, medical treatment, or transport.
24. "Scene" means a location, other than a health care institution, from which a patient is transported.
25. "Submitting health care institution" means a health care institution that submits data to the trauma registry as provided in R9-25-1402.
26. "Trauma center" means a health care institution that meets the definition of "trauma center" in A.R.S. § 36-2201 or the definition of "trauma center" in A.R.S. § 36-2225.
27. "Trauma registry" has the same meaning as in A.R.S. § 36-2201.
28. "Trauma team" means a group of health care providers organized to provide care to trauma patients.
29. "Trauma team activation" means notification of trauma team members in response to triage information received concerning a patient with injury or suspected injury.
30. "Trauma triage protocol" means a "triage protocol," as defined in R9-25-101, specifically designed for use with patients with injury.

**R9-25-1402. Data Submission Requirements (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2208(A), 36-2209(A)(2), 36-2221, and 36-2225(A)(5) and (6))**

- A. As required under A.R.S. § 36-2221 and R9-25-1313, an owner of a trauma center shall ensure that the data set identified in Table 1 is submitted to the Department, as prescribed in subsection (B), for each patient who meets one or more of the following criteria:
  1. A patient with injury or suspected injury who is triaged from a scene to a trauma center or ED based upon the responding EMS provider's trauma triage protocol;
  2. A patient with injury or suspected injury for whom a trauma team activation occurs; or
  3. A patient with injury who is admitted as a result of the injury or who dies as a result of the injury, who has an ICD-9-CM N-code within categories 800 through 959, and who does not only have:
    - a. Late effects of injury or another external cause, as demonstrated by an ICD-9-CM N-code within categories 905 through 909;

- b. A superficial injury or contusion, as demonstrated by an ICD-9-CM N-code within categories 910 through 924;
  - c. Effects of a foreign body entering through an orifice, as demonstrated by an ICD-9-CM N-code within categories 930 through 939;
  - d. An isolated femoral neck fracture from a same-level fall, as demonstrated by:
    - i. An ICD-9-CM N-code within category 820; and
    - ii. An ICD-9-CM E-code within category E885 or E886;
  - e. An isolated distal extremity fracture from a same-level fall, as demonstrated by:
    - i. An ICD-9-CM N-code within categories 813 through 817 or within categories 823 through 826; and
    - ii. An ICD-9-CM E-code within category E885 or E886;
  - f. An isolated burn, as demonstrated by an ICD-9-CM N-code within categories 940 through 949.
- B. An owner of a trauma center shall submit the data required under subsection (A) to the Department:
  - 1. On a quarterly basis according to the following schedule:
    - a. For cases identified between January 1 and March 31, so that it is received by the Department by July 1 of the same calendar year;
    - b. For cases identified between April 1 and June 30, so that it is received by the Department by October 1 of the same calendar year;
    - c. For cases identified between July 1 and September 30, so that it is received by the Department by January 2 of the following calendar year; and
    - d. For cases identified between October 1 and December 31, so that it is received by the Department by April 1 of the following calendar year;
  - 2. Through an electronic reporting system authorized by the Department;
  - 3. In a format authorized by the Department; and
  - 4. Along with the following information:
    - a. The name and physical address of the trauma center;
    - b. The date the trauma data is being submitted to the Department;
    - c. The total number of cases for whom trauma data is being submitted;
    - d. The quarter and year for which trauma data is being submitted;
    - e. The range of ED or hospital arrival dates for the cases for whom trauma data is being submitted;
    - f. The name, title, phone number, fax number, and e-mail address of the trauma center's point of contact for the trauma data; and
    - g. Any special instructions or comments to the Department from the trauma center's point of contact.
- C. An ALS base hospital certificate holder that chooses to submit trauma data to the Department, as provided in A.R.S. § 36-2221, shall comply with the data submission requirements in this Section for an owner of a trauma center.

**R9-25-1403. Trauma System Data Reports; Requests for Trauma Registry Reports (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2208(A), 36-2209(A)(2), 36-2220(A), 36-2221, and 36-2225(A)(5) and (6))**

- A. The Department shall produce and disseminate to each submitting health care institution a quarterly trauma system data report that includes statewide aggregate trauma data.

- B. A person may request to receive a report containing statewide aggregate trauma data for data elements not included in the quarterly trauma system data report by submitting a written public records request to the Department as provided in A.A.C. R9-1-303.
- C. The Department shall process a request for a report submitted under subsection (B) as provided in A.A.C. R9-1-303.
- D. As provided in A.R.S. § 36-2220(A)(1), Trauma Registry data from which a patient, the patient's family, or the patient's health care provider or facility might be identified is confidential and is not available to the public.

**R9-25-1404. Retention of Reports and Requests for Reports (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2208(A), 36-2209(A)(2), 36-2221, and 36-2225(A)(5) and (6))**

The Department shall retain copies of each quarterly trauma system data report, request for a report submitted under R9-25-1403(B), and report generated under R9-25-1403(B) for at least 10 years after the date of the report or request for a report.

**R9-25-1405. Confidentiality and Retention of Trauma System Quality Assurance Data (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2208(A), 36-2209(A)(2), 36-2220(A), 36-2221, 36-2222(E)(3), 36-2225(A)(5) and (6), 36-2403(A), and 36-2404)**

- A. As provided in A.R.S. §§ 36-2220(A)(2) and 36-2403(A), all data and documents obtained by the Department or considered by the Department, the State Trauma Advisory Board, or a State Trauma Advisory Board subcommittee for purposes of trauma system quality assurance are confidential and are not available to the public.
- B. The Department shall ensure that:
  1. Each member of the State Trauma Advisory Board or member of a State Trauma Advisory Board subcommittee who will have access to the data and documents described in subsection (A) executes a written confidentiality statement before being allowed access to the data and documents;
  2. All trauma system quality assurance activities are completed in executive session during State Trauma Advisory Board or State Trauma Advisory Board subcommittee meetings;
  3. Except for one historical copy, all copies of data and documents described in subsection (A) and used during an executive session are collected at the end of the executive session and destroyed after the State Trauma Advisory Board or State Trauma Advisory Board subcommittee meeting; and
  4. Executive session minutes and all copies of data and documents described in subsection (A) are maintained in a secure area and are accessible only to authorized Department employees.

**R9-25-1406. Trauma Registry Data Quality Assurance (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2208(A), 36-2209(A)(2), 36-2220(A), 36-2221, and 36-2225(A)(5) and (6))**

- A. To ensure the completeness and accuracy of trauma registry reporting, a submitting health care institution shall allow the Department to review the following, upon prior notice from the Department of at least five business days:
  1. The submitting health care institution's database that includes data regarding cases;
  2. Patient medical records; and

3. Any record, other than those specified in subsections (A)(1) and (2), that may contain information about diagnostic evaluation or treatment provided to a patient.
- B. Upon prior notice from the Department of at least five business days, a submitting health care institution shall provide the Department with all of its patient medical records for a time period specified by the Department, to allow the Department to review the patient medical records and determine whether the submitting health care institution has submitted data to the trauma registry for the cases who received medical services within the time period.
  - C. For purposes of subsection (B), the Department considers a submitting health care institution to be in compliance with R9-25-1402(A) if the submitting health care institution submitted data to the trauma registry for 97% of the cases who received medical services within the time period.
  - D. The Department shall return to a submitting health care institution data not submitted in compliance with R9-25-1402 and shall identify the revisions that are needed to bring the data into compliance with R9-25-1402.
  - E. A submitting health care institution that has trauma registry data returned as provided in subsection (D) shall revise the data as identified by the Department and shall submit the revised data to the Department within 15 business days after the date the Department returned the data or within a longer period agreed upon between the Department and the submitting health care institution.
  - F. Within 15 business days after receiving a written request from the Department that includes a simulated patient medical record, a submitting health care institution shall prepare and submit to the Department the data set identified in Table 1 for the patient described in the simulated patient medical record.



**Table 1. Trauma Registry Data Set (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2208(A), 36-2209(A)(2), 36-2221, and 36-2225(A)(5) and (6))**

**KEY:**

Required for TC Levels I, II, and III = An owner of a hospital designated as a Level I, Level II, or Level III trauma center under Article 13 of this Chapter shall include these data elements in the data submission required under R9-25-1402.

Required for TC Level IV, Non-Designated TC, and ALS Base Hospital = An owner of a health care institution designated as a Level IV trauma center under Article 13 of this Chapter; an owner of a trauma center, as defined in A.R.S. § 36-2201, that is not designated as a trauma center under Article 13 of this Chapter; or an ALS base hospital certificate holder that submits trauma data as provided under A.R.S. § 36-2221 shall include these data elements in the data submission required under R9-25-1402.

\* = Only required for hospitals designated as Level I trauma centers under Article 13 of this Chapter.

Field Name/Data Element Description	Required for TC Levels I, II, and III	Required for TC Level IV, Non-Designated TC, and ALS Base Hospital
<b>DEMOGRAPHIC DATA ELEMENTS</b>		
Reporting Facility Site ID	X	X
Registration Number	X	X
Medical Record Number	X	X
Hospital Admission Date	X	X
Admission Status	X	X
Patient Last Name	X	X
Patient First Name	X	X
Patient Middle Initial	X	X
Social Security Number	X	X
Date of Birth	X	X
Age	X	X
Units of Age	X	X
Gender	X	X
Race	X	X
Ethnicity	X	X
Zip Code of Residence	X	
City of Residence	X	
County of Residence	X	
State of Residence	X	X
Country of Residence	X	
Alternate Home Residence	X	
Co-Morbid Conditions (Pre-Existing)	X	
<b>INJURY DATA ELEMENTS</b>		
Injury Date	X	X

Field Name/Data Element Description	Required for TC Levels I, II, and III	Required for TC Level IV, Non-Designated TC, and ALS Base Hospital
Injury Time	X	X
Actual versus Estimated Injury Time	X	
Injury Location ICD-9-CM E-code (E849)	X	X
Street Location of Injury	X	
Zip Code of Injury	X	X
City of Injury	X	X
County of Injury	X	
State of Injury	X	
Primary ICD-9-CM E-code Injury Descriptor	X	X
Additional ICD-9-CM E-code Injury Descriptor	X	
Trauma Type	X	
Work-Related	X	
Patient Occupational Industry	X	
Patient Occupation	X	
Patient Position in Vehicle	X	
Protective Devices	X	X
Child Specific Restraint	X	
Airbag Deployment	X	
Safety Equipment Issues	X	
<b>PREHOSPITAL TRANSPORT DATA ELEMENTS</b>		
EMS Provider Type	X	
Transport Mode (Into Reporting Facility)	X	X
Other Transport Modes	X	
Transport Agency	X	
Run Sheet Available?	X	
Run Sheet Date	X	
Transported From	X	
Date EMS Provider Notified	X	
Time EMS Provider Notified	X	
Date EMS Provider Left for Scene	X	
Time EMS Provider Left for Scene	X	
Date EMS Provider Arrived at Scene	X	
Time EMS Provider Arrived at Scene	X	
Date of EMS Patient Contact	X	
Time of EMS Patient Contact	X	

Field Name/Data Element Description	Required for TC Levels I, II, and III	Required for TC Level IV, Non-Designated TC, and ALS Base Hospital
Date EMS Provider Departed Scene	X	
Time EMS Provider Departed Scene	X	
Date of Arrival at Destination	X	
Time of Arrival at Destination	X	
EMS Destination	X	
Total EMS Response Time (Minutes)	X	
Total EMS Scene Time (Minutes)	X	
Transport Time - Scene to Destination (Minutes)	X	
Total EMS Time (Minutes)	X	
System Access	X	
Triage Criteria	X	X
Date of Measurement of Vital Signs	X	
Time of Measurement of Vital Signs	X	
Initial Field Pulse Rate	X	
Initial Field Respiratory Rate	X	
Initial Field Oxygen Saturation	X	
Field Airway Management Details	X	
Field Intubation Status	X	
Field Paralytic Agent in Effect	X	
Initial Field Systolic Blood Pressure	X	
Initial Field GCS - Eye Opening	X	
Initial Field GCS - Verbal Response	X	
Initial Field GCS - Motor Response	X	
Initial Field GCS - Total	X	
Field Revised Trauma Score	X	
<b>REFERRING/TRANSFER HOSPITAL DATA ELEMENTS</b>		
Interfacility Transfer	X	
Date of Arrival at First Referring Hospital	X	
Time of Arrival at First Referring Hospital	X	
Date of Transfer from First Referring Hospital	X	
Time of Transfer from First Referring Hospital	X	
Transferring Facility (First Referring)	X	
Length of Stay in First Referring Hospital (Hours)	X	
Destination Facility	X	

Field Name/Data Element Description	Required for TC Levels I, II, and III	Required for TC Level IV, Non-Designated TC, and ALS Base Hospital
Date of Arrival at Second Referring Hospital	X	
Time of Arrival at Second Referring Hospital	X	
Date of Transfer from Second Referring Hospital	X	
Time of Transfer from Second Referring Hospital	X	
Transferring Facility (Second Referring)	X	
Length of Stay in Second Referring Hospital (Hours)	X	
Destination Facility	X	
Vital Signs Designation (If First or Second Referring)	X	
Initial Respiratory Rate in Referring Facility	X	
Initial Systolic Blood Pressure in Referring Facility	X	
Initial GCS Total in Referring Facility	X	
Initial Revised Trauma Score in Referring Facility	X	
<b>ED/TRAUMA DATA ELEMENTS</b>		
ED/Hospital Arrival Date	X	X
ED/Hospital Arrival Time	X	X
ED Exit Date	X	X
ED Exit Time	X	X
Length of Stay in ED (Hours)	X	X
Complete Trauma Team Arrival Time	X	
ED Discharge Disposition	X	X
ED Discharge Destination Hospital	X	X
Discharge Transport Agency	X	
Transfer Reason	X	
ED/Hospital Initial Pulse Rate	X	
ED/Hospital Initial Respiratory Rate	X	
ED/Hospital Initial Respiratory Assistance	X	
ED/Hospital Initial Oxygen Saturation	X	
ED/Hospital Initial Supplemental Oxygen	X	
ED/Hospital Intubation Status	X	

Field Name/Data Element Description	Required for TC Levels I, II, and III	Required for TC Level IV, Non-Designated TC, and ALS Base Hospital
ED/Hospital Paralytic Agent in Effect	X	
ED/Hospital Initial Systolic Blood Pressure	X	
ED/Hospital Initial GCS - Eye Opening	X	
ED/Hospital Initial GCS - Verbal Response	X	
ED/Hospital Initial GCS - Motor Response	X	
ED/Hospital Initial GCS - Total	X	
ED/Hospital Initial GCS Assessment Qualifiers	X	
ED/Hospital Initial Temperature	X	
ED/Hospital Initial Units of Temperature	X	
ED/Hospital Initial Temperature Route	X	
ED/Hospital Initial Revised Trauma Score	X	
Alcohol Use Indicator	X	
Blood Alcohol Content (mg/dl)	X	
Drug Use Indicator	X	
Toxicology Substances Found	X	
<b>DISCHARGE DATA ELEMENTS</b>		
Hospital Discharge Date	X	X
Hospital Discharge Time	X	X
Hospital Admission Length of Stay (Days)	X	X
Total Length of Hospital Stay - ED plus Admission (Days)	X	
Final Outcome - Dead or Alive	X	X
Total ICU Length of Stay (Days)	X	X
Total Ventilator Days	X	
Hospital Discharge Disposition	X	X
Hospital Discharge Destination Hospital	X	X
Discharge Transport Agency	X	
Transfer Reason	X	
Autopsy Identification Number	X	
Injury Diagnoses - ICD-9-CM N-codes	X	X
AIS Six-Digit Injury Identifier	X*	
AIS Severity Code	X	

Field Name/Data Element Description	Required for TC Levels I, II, and III	Required for TC Level IV, Non-Designated TC, and ALS Base Hospital
AIS Body Region of Injury	X	
Injury Severity Score	X	
Probability of Survival	X	
ED/Hospital Procedure Location	X	
ED/Hospital Procedure Start Date	X	
ED/Hospital Procedure Start Time	X	
ED/Hospital ICD-9-CM Procedure Codes	X	
Hospital Complications	X	
Primary Method of Payment	X	
Secondary Method of Payment	X	
Total Hospital Charges	X	
Total Reimbursements	X	